



STATE OF MICHIGAN

**Family
Independence
Agency**

Child and Family Services Review Self-Assessment

Child and Family Services Administration
235 S. Grand Avenue, Suite 514
Lansing, MI 48909

Section I - General Information

Michigan Family Independence Agency	
Period Under Review	
Federal Fiscal Year for Onsite Review Sample: 2001 Period of AFCARS Data: October 1, 1997 to September 30, 2000 Period of NCANDS Data: January 1, 1998 to December 31, 2000	
State Agency Contact Person for the Statewide Assessment	
Name:	James E. Beougher
Title:	Director Child and Family Services Administration
Address:	235 Grand Avenue, Suite 514
	P.O. Box 30037
	Lansing, MI 48909
Phone	(517) 335 - 6158 Fax (517) 335 - 6177
E-Mail	SawdyM@michigan.gov

Table of Contents

SYSTEMIC FACTORS.....	7
A. STATEWIDE INFORMATION SYSTEM CAPACITY	7
Overview	7
Data Collection.....	8
Tracking and Reporting Capacity.....	10
System Accessibility.....	11
Quality and Effectiveness.....	11
B. CASE REVIEW SYSTEM	13
Case Plan Requirements.....	13
Foster Care Case Planning.....	13
Juvenile Justice Case Planning.....	16
Compliance.....	18
Parental Participation.....	18
Six-Month Review Hearing.....	20
Permanency Planning Hearing.....	23
Foster Parent Involvement in Court Hearings.....	24
C. QUALITY ASSURANCE SYSTEM.....	26
Foster Care Standards.....	26
Child Placing Agency Rules	27
Purchased Care Division.....	28
FIA Monitoring Worker.....	28
Child and Family Services Administration Outcomes Report.....	28
Office of Reengineering and Quality Management.....	29
Supervising Agency Report Card.....	30
FIA Data Warehouse.....	30
Council on Accreditation.....	30
Quality Assurance	30
CPS Peer Review	31
Supervisory Case Readings.....	32
Foster Care, Juvenile Justice and Adoption Targeted Case Readings	32
NCCD Case Reading.....	32
Office of Family Advocate.....	33
Office of Children’s Ombudsman.....	33
Foster Care Review Board	33
Field Operations Administration’s Responsibility.....	34
D. STAFF AND PROVIDER TRAINING.....	35
Training Requirements.....	35
University Education.....	36
Child Welfare Curriculum.....	38

Conferences.....	42
Early Childhood Development.....	43
Touchpoints.....	44
Prosecuting Attorneys Association of Michigan.....	44
Law Enforcement Information Network (LEIN).....	44
Title IV-E Eligibility Training.....	44
ICWA Training.....	45
SWSS FAJ Training.....	45
Independent Living Curriculum.....	45
New Licensing Rules Training.....	45
Supportive Visitation: An Opportunity for Change	45
Fatherhood 2002.....	45
Wayne State University.....	46
University of Michigan.....	46
Customer Service Excellence.....	46
Court Improvement Program Training.....	46
Foster and Adoptive Parent Training	49
Training Requirements.....	49
FIA Foster Parent Training.....	50
Michigan Foster and Adoptive Parent Association's Role in Training.....	50
Adoption Training.....	53
 E. SERVICE ARRAY AND RESOURCE DEVELOPMENT.....	 54
Overview and Services to Prevent Removal.....	54
Strong Families/Safe Children.....	55
Child Safety and Permanency Plans.....	57
County Child Care Funds.....	58
Family Reunification Program.....	58
Substance Abuse Task Force.....	58
Services to Foster Parents	59
Juvenile Justice – Community Restoration.....	59
Reintegration Programs	59
Pre-Placement and Prevention Services.....	60
Families First of Michigan.....	62
Families First/Domestic Violence.....	63
Wraparound Services	64
Partnerships for Safety.....	65
Families Together/Building Solutions	65
Family Group Decision Making.....	66
Family to Family	67
Child Protection/Community Partners Program.....	67
Preventive Services for Families (PSF)	68
Juvenile Justice and Delinquency Prevention Programs.....	68
Juvenile Accountability Incentive Block Grant (JAIBG).....	69
Zero to Three Secondary Prevention Program.....	69
Early On	70

Runaway and Homeless Youth Hotline	70
Teen Parent Program.....	71
Michigan Teen Outreach Program.....	71
Teen Pregnancy Prevention Project (TP3).....	71
Maternal Support Services and Infant Support Services.....	72
Permanency Services.....	73
Adoption Services.....	73
Independent Living Services.....	74
Kinship Care and Family Preservation.....	75
Service Accessibility and Evaluation.....	76
 F. AGENCY RESPONSIVENESS TO COMMUNITY.....	 78
Consultation on Michigan's Child and Family Services Plan.....	78
Citizen Review Panels.....	78
Coordination of Services.....	80
Wayne County Title IV-E Agreement	83
Indian Child Welfare Act	84
Office of Native American Affairs.....	84
Accomplishments in 2001	85
Activities for 2002.....	87
Goals and Objectives for FY 2000 through 2005	87
Policy, Procedure and Practice.....	87
Training About ICWA and Native American Culture	88
Enhanced Recruitment of Native Foster Homes/Alternate Living Homes.....	88
Communication and Partnering.....	89
Educational Opportunities	89
Other Indian Family Issues	90
Outcomes.....	90
 G. FOSTER AND ADOPTIVE HOME LICENSING, APPROVAL, AND RECRUITMENT.....	 91
Foster, Adoptive and Child Caring Institution Standards	91
Criminal Record Checks	94
Foster Parent Recruitment.....	96
Native American Foster/Adoptive Family Recruitment	97
Retention.....	97
Adoption Recruitment.....	98
 OUTCOMES	 111
Safety Assesment	111
Trends in Safety Data.....	111
Child Maltreatment (Safety Data Elements I).....	112
Michigan's Child Protection Law	112
Children's Protective Services (CPS) Investigations.....	113
Changes in CPS Investigations	116
Cases Opened for Services (Safety Data Element II and III).....	118

Five-Category CPS Disposition.....	118
CPS Structured Decision Making (SDM)	119
Staffing.....	122
Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV).....	124
Services to Prevent Removal.....	125
Child Fatalities (Safety Data Element V).....	128
The Historical Development of Child Death Review Process	128
Response to Citizen Review Panel on Child Fatalities	130
Recurrence of Maltreatment (Safety Data Element VI).....	131
Calendar Year Victim Cohort Recurrence Table	132
New Birth Match.....	133
Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VI).....	134
Other Safety Outcomes.....	136
Legislative Changes	136
Quality Assurance	137
Children’s Justice Act Task Force	137
Juvenile Justice.....	138
PERMANENCY ASSESSMENT	139
Trends in Permanency Data	139
Foster Care Population Flow (Point-in-Time Data Element & Cohort Data Element I)	140
Placement Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II).....	143
Foster Care Placements	143
Juvenile Justice Placement Procedures.....	145
Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V)	146
Parenting Time	147
Absent/Putative Parents.....	148
Changes in Legislation to Effect Permanency Outcomes	149
Caseworker Change.....	150
Lawyer-Guardian ad Litem.....	150
Permanency Planning Mediation Program.....	151
Foster Care Review Board Administrative Reviews.....	152
Court Appointed Special Advocate (CASA)	152
Juvenile Justice and Permanency Planning.....	152
Achievement of Reunification (Point-in-Time Data Element IX).....	153
Foster Care Structured Decision Making.....	154
Barriers to Reunification.....	155
Reunification Services.....	157
Safety Issues.....	158
Achievement of Adoption (Point-in-Time Data Element X).....	159
Adoption Policy Office	160
Michigan Adoption Resource Exchange (MARE).....	161

Changes in Legislation.....	161
Resolving Barriers to Adoption.....	162
Recruitment	163
Termination of Parental Rights (TPR) (Point-in-Time Data Element VI).....	163
Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV)	166
Legislation to Prevent Unnecessary Moves	168
Child Placing Agency Licensing Rules.....	169
Children with Multiple Placements.....	170
Foster Care Re-Entries (Point-in-Time Data Elements V & XII).....	171
Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI)	172
Michigan's Families Alternatives to Foster Care Pilot	173
Foster Care Permanency Initiative	173
Evaluation of Foster Care SDM on Permanency.....	175
Other Permanency Issues.....	178
Court Improvement Program (CIP).....	178
Foster Care Review Board Annual Report`	178
Children's Ombudsman Report.....	178
Family to Family	178
CHILD AND FAMILY WELL-BEING ASSESSMENT.....	180
Frequency of Contact with Children and Their Families.....	180
CPS Policy.....	180
Foster Care Policy.....	181
Juvenile Justice Policy	182
Educational Status of Children.....	183
Health Care for Children.....	187
Mental Health Care for Children.....	190
Other Well-Being Issues	192
Early Childhood Development (ECD)	192
Touchpoints.....	192
Children's Justice Act Task Force	192
Building Strong Families	193
STATE ASSESSMENT OF STRENGTHS AND NEEDS	194
Site Selection.....	195
Self-Assessment Team Members	201

Systemic Factors

A. Statewide Information System Capacity

Discuss how effectively the State is able to meet the State plan requirement that it operates a statewide information system that can determine the status, demographics, location, and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.

Overview

Michigan is in the process of implementing a statewide automated child welfare system (SACWIS) called the Services Worker Support System (SWSS). A basic children's protective services (SWSS CPS) application was implemented statewide in 1996 as a distributed system with a database in each county. Shortly thereafter, management decided to develop and implement the foster care, adoption, and juvenile justice system (SWSS FAJ) with a central server and statewide database. The state managed a phased implementation of SWSS FAJ in 2001. Although cases can be electronically transferred from SWSS CPS to SWSS FAJ, the state plans to redesign SWSS CPS with a central server and an Oracle database like SWSS FAJ.

SWSS FAJ functionality includes sufficient information to comply with the Adoption and Foster Care Analysis and Reporting System (AFCARS) federal reporting. FAJ has legal, placement, medical, and education information. Implementation of the Structured Decision Making (SDM) system used by foster care staff is planned for January 2003. (See [Case Plan Requirements](#) and [Foster Care Structured Decision Making](#) for information on SDM.)

Currently, juvenile justice staff must use a separate system to complete SDM requirements. The Juvenile Justice Online Technology (JJOLT) is a web-based system that is used by juvenile justice workers in Calhoun, Genesee, Jackson, and Lenawee counties. All of the SDM risk and needs assessment and service plans are automated. When the juvenile justice worker completes these forms, they are able to send this information electronically to the Juvenile Justice Assignment Unit (JJAU). Based on information in the risk and needs assessment, the system selects five providers that meet the placement criteria. An interface between SWSS FAJ and JJOLT is planned for October 1, 2002. After this, juvenile justice workers will only enter demographic information in SWSS FAJ and authorize payments. Beginning October 2002, private agencies that provide juvenile justice services will be required to use JJOLT. Three (3) courts will also be piloting this system. (For information on JJAU, see [Juvenile Justice Placement Procedures](#).)

While SWSS development and implementation is in process, the state is also maintaining mainframe legacy systems [ASSIST; Client Information System (CIS); Protective Services Management Information System (PSMIS); and Children's Services Management Information System (CSMIS)]. The result is some redundancy of data entry but development is focused on electronic interface; SWSS FAJ interfaces electronically with CIS for case opening and tracking.

All these systems produce some reports intended for monitoring program performance. Multiple systems producing reports causes confusion, particularly during a transition from old to new systems. To standardize performance monitoring and evaluation in this era of change and transition, the state is implementing the following strategy:

- Information needed for day-to-day monitoring and control is available within the system, on demand (SWSS CPS Case Management Menu and Reports Generation; SWSS FAJ Reports Generation Menu; ticklers).
- Information needed periodically for monitoring and evaluation will be created from a data warehouse and posted on a web site available to those with a need to know (WebI corporate documents).
- Ad hoc features will handle special studies and unusual requests for information with a limited number of expert users. These studies can be shared among WebI users and/or shared hard copy with people who do not have access to WebI or the data warehouse.

Data Collection

Data collection begins with recording a complaint in SWSS CPS. Intake workers enter complaint information directly on the automated system. Within 24 hours, the complaint must be disposed (either assigned, transferred or screened out). Any case assigned for investigation must be registered on ASSIST/CIS.

In addition to assigning a case number and tracking disposition of the registration, ASSIST/CIS assigns a unique recipient (or client, or customer) identification number to each person registered for any program. Registration is required for virtually all programs and services, adult services and public assistance programs as well as all child welfare programs. The same recipient identification number is used for an individual in all programs.

ASSIST/CIS registration creates a registration in the Protective Services Management Information System (PSMIS) also. PSMIS is the legacy system that generates monthly CPS case lists, quarterly and annual aggregate data.

After investigation, the complaint is disposed on SWSS CPS but the user must generate paper reports for input to ASSIST/CIS and PSMIS. In FY 2001, 67,284 investigations were completed. 16,494 (24.5%) investigations resulted in a confirmation that abuse and neglect occurred. In the same fiscal year, CPS closed 15,445 cases. Of these, CPS provided services to 11,301 families. Of those families, 4,087 were closed with children out of the home. These 4,087 families are the source of children entering foster care. (See [Safety Assessment](#) for more information.)

All data enters SWSS FAJ for a foster care case from a CPS case, except voluntary placements. Michigan has very few voluntary placements. CPS completes items in the SWSS Transfer to CFC Menu including child and parents' data; placement data; legal information; medical information, and narrative. In the narrative, the CPS worker must enter information on the following items:

1. Briefly identify child's physical information, relationships, special needs.
2. Indicate preparation for placement that was completed for child.
3. Briefly describe child's physical and emotional state at time of placement.

Information System

4. Identify medicine and/or special medical instructions for foster parents.
5. List immediate needs and significant services to be provided to child.
6. Briefly summarize the parent(s) interaction with children and each other.
7. Describe circumstances leading to the need for foster care.
8. List immediate needs and services to be provided to parent to meet needs.
9. Briefly summarize services provided to the child and parents/guardian.
10. List needed services not provided to the child, parent/guardian and why.
11. State the likely harm to the child if separated from parents/guardian.
12. State the likely harm to the child if returned to parents/guardian.

If applicable, the CPS worker also enters narrative for the following items:

1. List and describe any accidents/problems.
2. List and describe any operations.
3. List and describe any hospital treatment.
4. List any significant health issues of other biological relatives.
5. Describe any special education needs.

After entering all required items, the CPS worker prints the packet and informs the supervisor that the case is ready for transfer to foster care. If the CPS supervisor approves, the county, district, unit numbers and contact name for foster care are entered. Then the CPS supervisor electronically transmits the information to SWSS FAJ. CPS and foster care staff confer. If information is sufficient, the foster care supervisor electronically accepts the transfer.

The creation of the juvenile justice case in SWSS FAJ does not begin in SWSS CPS. The case is registered and open in SWSS FAJ; although the worker must also generate a paper form to register the case in ASSIST/CIS.

Whereas in CPS the entire group comprises a case, in foster care and juvenile justice each child comprises a case. So the children are assigned to a foster care worker. Foster care cases within SWSS FAJ can be electronically “companionated” by sibling groups. Information is shared among “companion” cases. Foster care cases can be “linked” to juvenile justice cases to establish relationships but no data is shared.

If FIA provides direct foster care or juvenile justice services, the worker registers the case on SWSS FAJ, updates narrative information and begins scheduling meetings. The services plan narrative and SDM documents are completed in a template separate from SWSS FAJ (incorporation in FAJ is targeted for January 2003). (See [B. Case Review System](#).)

If a private child placing agency provides services, the private agency must forward information to a case manager in FIA who assures that necessary data is entered in SWSS FAJ. Private agencies currently do not have direct input capacity to FAJ. The target date to allow private agencies access to SWSS FAJ is October 2002.

SWSS FAJ is intended to be used daily for routine entry of information as the casework unfolds. The intent is to provide a vehicle for complying with AFCARS reporting which is also helpful at the worker level.

Tracking and Reporting Capacity

SWSS FAJ has reporting and ticklers to facilitate day-to-day management of caseloads and assure that children do not get lost in the system. From the caseworker to the local office director, every level within FIA has access to the type of data they need to perform their job responsibilities.

Currently being developed at the state level, is the capacity to have basic program information immediately available to local, zone and state managers via the data warehouse. Access to information is determined by a need-to-know. Mapping capacity is being distributed to users as features can be developed and users trained. For example, a county director can literally get a geographic picture of child welfare case activity within the county over time. With appropriate training, local staff can drill down from the map to detailed case level and person level information.

When the SWSS FAJ database is fully modeled within the data warehouse, users with ad hoc clearance will be able to create custom reports using virtually any combination of SWSS FAJ data elements. Michigan is on the doorstep of a data revolution.

Historically, within the legacy systems, the approach to using data was to review periodic paper reports. Various management styles and trends have been utilized since the late 70's such as management-by-objectives, etc. Currently the state is slowly expanding the pay for performance concept with local managers negotiating performance and pay levels. (See [C. Quality Assurance System](#) and [F. Agency Responsiveness to Community](#) for more information.)

The advent of SWSS FAJ, the continuing development of the data warehouse and an impending early retirement will transform compiling and using data. Reports will be posted on-line. Some users will be able to drill down or create custom reports on demand. Performance objectives will be related to data readily available on-line. Users will be able to access definitions and reports immediately. Users groups have been meeting recently to review reports and needs in light of the child and family services review. The tendency appears to be toward ongoing reports related to national standards, legislative mandates, and the agency's universal outcomes; this would consolidate reports and make the source consistent. (See [Child and Family Services Administration Outcomes Report](#) for more information.)

The legacy systems continue to churn out point-in-time or periodic reports. The new systems such as FAJ provide local on-demand reports primarily intended for local management and control. Central office creates a supervising agency report card that rates child-placing agencies on a number of factors similar to some of the national standards. (See [Supervising Agency Report Card](#).)

Then there are all the possibilities offered by continued development of the data warehouse. Reporting capacity here is limited only by the server and license capacity the state is willing to fund. Legitimate security concerns mean that the users group will expand more slowly than some Webophiles within the agency would like. But this is the direction FIA is taking - a mixture of canned reports for most users, with the ability to customize or create reports on-the-spot for a limited number of ad hoc users.

System Accessibility

In general, systems access within the agency is on a need-to-know basis. If a person must access a system as part of his/her regular or back-up job duties, then s/he has the software and systems access. A worker could have access to all SACWIS related programs or only one.

Virtually all staff, at all levels in the agency, have a PC at their workstation. The FIA Intranet web page, FIA-Net, with access to a plethora of reports and information links is the default home page for all users to encourage routine use of the Intranet. All staff have electronic mail.

Quality and Effectiveness

Focus groups with FIA staff were held to gain information on FIA's information systems. Most of the groups focused on legacy and transition systems and have not had direct experience with the rapidly emerging new programs. However, even within these focus groups' comments, there are glimmers of the future.

Foster Care Advisory Committee comments:

- Want faster turnaround of paper reports from Lansing; need information two times a month.
- Doing hand counting is difficult and time consuming.
- They like the report on children in care for 15 months.
- Need flexibility to construct/select custom reports.
- It takes too long to get a foster home licensing provider number.

CPS Advisory Committee comments:

- PSMIS, SWSS, CIS/ASSIST, too many unrelated systems that confuse workers.
- Too many conflicting reports and they receive no training on reports.
- Need better Central Office communication of changes, fixes and snafus with the systems.
- Central Office needs to confer with customers before changing things.

Juvenile Justice Advisory Committee comments:

- So much information is useless. It is of minimal help; no helpful information to workers and most of the reports are ignored.
- Old legacy system reports are not up-to-date.
- SWSS FAJ was designed for Foster Care and is not helpful for Juvenile Justice, except that payments can be authorized faster.

Talking with the SWSS and data warehouse staff is where the picture of the future clearly emerges. From an information technology and data use perspective, Michigan expects to be a leader now and for years to come.

The legacy systems were viewed primarily by users as requiring reporting of data they did not use for managers far away. The accuracy and quality of the data was variable. If local management stressed accuracy, actually used reports and managed to communicate these values to staff, data quality was pretty good. If local management did not use reports and viewed collection and reporting as an additional burden, data quality and accuracy was poor. For many systems (notably

Information System

PSMIS and CSMIS) there were no good correction features so mistakes either were not corrected or a correction looked like an additional case action.

New systems strive to build reports from information the staff perceive as important to their day-to-day reality. To the extent that this has been well communicated and internalized, data quality and accuracy appears to be good. To put it another way, if staff enter information because they see it as a benefit, their data quality is better.

Upper management appears committed to obtaining the needed systems capacity. With the massive exodus due to early retirements, it is not at all clear that there is adequate planning for training and implementation.

There are a number of local initiatives making use of old and new data sources to impact local service delivery. In the onsite review area for the CFSR, Wayne County has a Family to Family project attempting to utilize our new systems to help deliver services that are more effective to families at the neighborhood level. Simply stated, staff involved in quality assurance efforts, including local office managers and directors and zone managers, will have access to the information they need to evaluate performance, monitor compliance, and recommend change. Central Office will also use the data warehouse to track outcomes and policy compliance for the program improvement plan. (See [E. Service Array and Resource Development](#) for more information on Family to Family.)

B. Case Review System

- 1. How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility have a written case plan with all the required elements?*

Case Plan Requirements

Michigan uses the foster care and juvenile justice Structured Decision Making (SDM) case management system in the case planning process. In both programs, staff develop an Initial Service Plan (ISP) within 30 days of a child's entry into care. Regular progress reviews are conducted and an Updated Service Plan (USP) is completed every 90 days thereafter while the case remains open for services.

The child's family, the child, and the foster parent or relative caregiver must be offered the opportunity to participate in preparing the plan. The plan shall designate the person(s) responsible for coordinating and implementing the plan. Workers must meet with the parents, child, and foster parent/relative caregiver each month. The caseworker discusses the plan with the individuals at these monthly meetings. Case planning meetings, which assemble the caseworker, family, and other service providers, are not required by policy in Michigan. Some agencies may use this in the planning process but it is not required. The pilot Permanency Planning Mediation project, Family to Family project, Family Group Decision Making and wraparound services all use the family case planning process to develop the service plan. (See [E. Service Array and Resource Development](#) and [Permanency Assessment](#) for more information.)

The service plans are designed to comply with applicable state and federal statutes and Michigan Child Placing Agency and Foster Home Licensing Rules. They incorporate strength and needs assessments into the development of goals and objectives to meet a child's needs and the family needs. The key outcome of the assessments in each program is that identified needs must be addressed with a service designed to ameliorate the need. Supervisory approval is required for all case plans. Supervisory signature on the plan signifies approval. Most courts require the supervising agency to submit the ISP/USP to the court before review hearings. A few courts require a separate court report instead of the SDM report required by policy. (See [Foster Care Standards](#) and [Foster, Adoptive and Child Caring Institution Standards](#) for information on licensing rules.)

Foster Care Case Planning

The ISP is the document used by the foster care worker to present information about the family, identify the permanency planning goal, and the services necessary to achieve the permanency planning goal. The child's family, the child and the foster parent and/or relative caregiver must be offered the opportunity to participate in preparing the plan. Within 30 days of a child's entry into foster care, workers use a structured assessment to evaluate systematically the strengths and treatment needs of family caregivers and each child in the family. These assessments are designed to identify the primary barriers to reunification of the child with the family and to guide

Case Review System

workers in their effort to develop an effective and focused ISP and meet the needs of children in care.

The Child Assessment of Needs and Strengths (CANS) is used to evaluate and prioritize the needs and strengths of each child in care. Workers are required to complete the CANS for each child as long as the case is open for services. This assessment tool is used to identify critical child issues and help plan effective service interventions. The worker identifies the priority needs for the child to ensure that services are made available to meet those needs. They must identify strengths of the child that will be built upon to address the identified needs. Narrative information in the service plan for the youth explains the reasons for scoring any item as a need. Services must be provided for each identified need. For each service, there must be specific goals, objectives, activities, and outcomes of each activity identified in the plan. The goals and objectives must be clear, measurable, designed to address the identified needs, and have a specific time frame for the services to begin and end. During targeted case readings, 77% of the foster care cases had current Child Assessments. The narrative in the service plan supported the scoring on the assessment in 71% of the cases. Sixty-two percent (62%) of the priority needs were addressed in the treatment plan and service agreement.

Priority needs are the top three scoring needs for each child. The items on the assessment are:

- Emotional Behavior/Coping Skills;
- Medical/Physical;
- Substance Use;
- Family and Kin/Fictive Kin Relationships;
- Sexual Adjustment/Victimization;
- Education / Early Intervention;
- Child Development/Life Skills;
- Cultural/Community Identity;
- Peer/Adult Social Relationships (Non Family);
- Independent Living Services/Needs.

If a child is hospitalized as the result of one of the below mentioned conditions, the supervising agency worker must review the child's service plan with the attending physician, or with the child's primary care physician. This is to ensure that the service plan addresses the child's specific medical needs due to the abuse and/or neglect.

- Failure to thrive;
- Munchausen's syndrome by proxy/ Pediatric Condition Falsification;
- Shaken baby syndrome;
- A bone fracture that is diagnosed by a physician as being the result of abuse or neglect; or
- Drug exposure in utero. (See [Health Care for Children](#) for more information.)

The Family Assessment of Needs and Strengths instrument is used to evaluate the presenting needs and strengths of each household with a legal right to the child. By completing the assessment/reassessment, foster care workers are able to identify critical family needs that are barriers to reunification and design effective service interventions. The worker identifies the priority needs of each family, the needs that are related to the reasons the child entered care and that are barriers to reunification. They must also ensure that services are made available to meet

Case Review System

those needs and identifies what the agency, providers, and parent(s) need to do to meet these specific needs. The worker may address any other identified need for the family as well. Narrative information in the service plan explains the reasons for scoring any item as a need. During targeted case readings, 68% of the foster care cases had a current Family Assessment of Needs and Strengths. The narrative in the service plan also supported the scoring in 68% of the cases. Sixty-six percent (66%) of the identified needs were addressed in the treatment plan and service agreement.

Priority needs are the top three scoring needs for each family member. The items on the assessment are:

- Emotional Stability Behavior;
- Parenting Skills;
- Substance Abuse;
- Domestic Relations;
- Social Support System;
- Communication/Interpersonal Skills;
- Literacy;
- Intellectual Capacity;
- Employment;
- Physical Health Issues;
- Resource Availability/Management;
- Housing;
- Sexual Abuse;
- Child Characteristics.

In the Parent-Agency Agreement and Treatment Plan, the worker is required to provide the specific goals, objectives, activities, and the expected outcome of each activity for each identified need. The goals and objectives must be clear, measurable, designed to address the identified needs, and have a specific time frame for the services to begin and end.

Completion of the first Updated Service Plan (USP) is required within 120 calendar days of removal and at least every 90 calendar days thereafter or more frequently, if necessary, to assure coordination with the court report. For the USP, the worker completes each assessment, identifying any changes in the needs and the priorities and evaluates progress towards reducing the critical needs for the child and barriers to reunification.

As part of the USP, the Reunification Assessment is conducted to evaluate progress towards the case plan goals in the USP. At each USP review, workers systematically evaluate family progress in addressing the barriers to reunification identified in the initial plan and assess parenting time. This information is used to amend the service plan and expedite case management decisions to achieve reunification, adoption, or other viable permanency goals for the child. The outcomes of each Reunification Assessment are linked to policy and procedure for placement decisions for the child and changes in the permanency planning goal. Families that make satisfactory progress in reducing barriers to reunification, comply with the parenting time plan and provide a safe home for the child, receive a recommendation for return of the children. Families that do not achieve satisfactory progress or do not comply with the parenting

Case Review System

time plan or continue to have an unsafe home, receive a recommendation that the goal be changed from return home. During targeted case reading, barrier reduction and parenting time were assessed in 84% and 76% of the cases, respectively.

The reunification assessment includes these components:

- An evaluation of the family's progress in reducing the barriers to reunification identified in the initial plan (i.e., substance abuse, parental skill deficits, etc.);
- An objective assessment of parenting time (frequency, quality, etc.) in the preceding 90-day period;
- When case plan progress supports reunification, a family safety assessment is completed to help workers evaluate the danger of harm prior to returning the child home and to plan the supportive service interventions necessary to protect the child and support the family after reunification.

The Safety Assessment is also completed for every CPS investigation and in defined situations for a foster care case. The Safety Assessment is used to determine whether safety factors are present in a family, and if present, whether in-home, immediate protecting interventions will allow the child to remain in-home while longer-term risk issues are addressed or for foster care, to be returned home from out-of-home placement. For every factor identified, staff must assess whether in-home interventions may be used to protect the safety of the child or whether placement is the only option. Children in foster care may not be returned to a caretaker unless safety factors are controlled. For foster care, a Safety Assessment is completed as part of the USP in cases when:

- a child is going to return home or is living within his/her own home;
- required by the reunification assessment results where parenting time compliance and barrier reduction are at least partial; and
- any time circumstances have changed in the case where a threat of imminent danger exists.

During foster care targeted case readings, the Safety Assessment was completed correctly in 76% of the cases. Information on CPS cases is not available. (For more information on CPS case plan requirements, see [Safety Assessment - CPS Structured Decision Making \(SDM\)](#).)

A Permanent Ward Service Plan (PWSP) is completed every 90 days when parental rights have been terminated. A Child Assessment of Needs and Strengths (CANS) is completed, along with a Treatment Plan and Service Agreement. The Family Assessment of Needs and Strengths and the Reunification Assessment are not completed. (See [Foster Care Structured Decision Making](#) for more information on foster care SDM.)

Juvenile Justice Case Planning

The Juvenile Justice Needs and Strengths Assessment (JJNS) is used to evaluate and prioritize the needs and strengths of each youth and their family. Workers are required to complete the JJNS for each youth on a quarterly basis as long as the case is open for services. This assessment tool is used to systematically identify critical youth and family issues and help plan effective service interventions. The worker identifies the needs for the youth and family, ensures that services are made available to meet those needs, and identifies what the agency, providers, and

Case Review System

parent(s) need to do to meet these specific needs. All identified needs are required to be addressed in the service plan. The worker must also explain the reasons for scoring any item as a need in the service plan for the youth. The worker must meet monthly with the youth and family to discuss the case plan.

The items on the assessment are:

- Family Relationships;
- Emotional Stability;
- Substance Abuse;
- Social Relations ;
- Education;
- Victimization;
- Sexuality;
- Life Skills;
- Employment;
- Health Care/Hygiene;
- After Care Living Situation.

The JJNS assessment is completed at intake and each USP. The results are used to develop the treatment plan goals for the youth and his/her family. These goals remain a part of the treatment plan until they have been addressed successfully or changed as indicated by documentation in the USP.

FIA is incorporating Balanced and Restorative Justice (BARJ) principles and practices into how we serve delinquent youth. Restorative Justice is a philosophy to address and assure accountability, victim/community involvement, and offender competency development through a balanced and customized approach. This approach recognizes the importance of three components: the victim, the community, and the offender in the juvenile justice system. Restorative Justice is not a program. Rather, it is a paradigm shift that has ramifications for every level of the juvenile justice system. Traditional retributive approaches focus on the offender and on punishment for the violation of the law, while largely ignoring the victim and the community that has been wronged. By contrast, restorative justice focuses on the harm that is caused by wrongdoing and the direct obligation that this creates for the offender to make reparation to the victim and to “make things whole again,” to the degree that it is possible. Restorative Justice strives for a principle of balance between protection of the community and accountability of the offender to the victim and the community.

The treatment focus is on problem-solving, on liability/obligations, and on competency development. Victims and the offended community are central to the processes of resolving crime and correcting behavior. Dialogue and negotiations between offender and the victim/community are encouraged. Restorative justice approaches are customized to fit offenses. They are applicable to early diversionary efforts, but may also be incorporated into secure treatment settings and reintegration models. Restitution plays a large part in treatment services. Community services are also a part of “paying back” the community. Community service is used as an alternative or a supplement to direct restitution.

Compliance

Division of Child Welfare Licensing within the Bureau of Regulatory Services conducts licensing reviews of all child placing agencies in Michigan, whether local FIA offices or private child placing agencies, to ensure compliance with Child Placing Agency and Foster Home Licensing Rules. One area where they check for compliance is to determine if ISPs and USPs were completed in a timely manner. If the placing agency is not complying with this requirement, they must develop a corrective action plan to rectify the situation. These reviews are conducted annually.

Compliance with the case plan development requirements is monitored at the local level. An electronic case reading form has been developed for foster care and juvenile justice that will track compliance at the state level with the timeframes for completing the ISP and USP. After October 2002, this information will also be collected within our SACWIS system. (For more information on child placing agency reviews and supervisory case readings, see [C. Quality Assurance System](#).)

According to focus groups with Foster Care Review Board members and CASA representatives, some case plans are “cookie cutter” plans that are not individualized. Both groups admit that this practice varies by worker.

2. *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child’s case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.*

Parental Participation

Foster care policy requires that the family be extensively involved in case planning. The belief is that families should have a clear understanding of all the conditions which must be met prior to the child's return home, how these relate to the petition necessitating removal, and what the supervising agency will do to help the family meet these conditions. Parents are to participate actively in developing the Parent-Agency Treatment Plan and Service Agreement section of the service plan. The worker negotiates goals and action steps in the Treatment Plan and Services Agreement with the family. Goals must address the areas prioritized on the Family Assessment of Needs and Strengths. The plan must contain specific action steps, time frame for achievement, and expected outcome of the activity. The Plan is reevaluated each quarter regarding progress made by the family and others to accomplish the permanency planning goal. If the parents are not involved in developing the case plan, the reasons why must be documented in the Parent-Agency Treatment Plan and Services Agreement.

If applicable, policy requires consideration be given to the boyfriend/girlfriend or living together partner (LTP) of the parent. This is particularly important if the non-parent adult will either spend a significant amount of time interacting with the child or will be living in the home if the

child is returned home, or has a close personal relationship with the parent. Participation in developing the plan and compliance with the plan is mandatory for the non-parent adult only when ordered by the court.

The participation of members of the extended family/kinship network is also viewed as essential to achieving permanency and is to be actively sought.

Juvenile justice policy also requires involvement of the family in case planning. The youth's parents are to be informed of the youth's placement, visitation rights, their right to provide input for treatment planning, and all court hearings. The youth's relationship with family members is assessed in the service planning process.

Michigan has adopted the Solution Focused Interviewing model. All child welfare workers receive training in this approach. Families are viewed as partners in the case planning process and they assist in identifying solutions rather than being the problem. Parents and children are provided with valid options for inclusion in the decision-making process that impacts their family. They are given a voice and an opportunity to have their concerns heard, and to ensure that their needs are addressed at all stages in the case planning process. This gives parents and children ownership in the plan that is developed to assist them. The Partnerships for Safety Initiative is a collaborative effort to implement a solution focused investigation protocol for Child Protective Services staff to use in investigations. An intensive team training approach in a Solution Focused Approach in CPS investigation and assessment has been implemented in six pilot counties with specific CPS and foster care units. In interviews conducted with mandated reporters and services providers over the last three years, 92% reported that CPS workers use a family-centered, strength-based approach to their work with families, "always" or "most of the time". (See [Child Welfare Curriculum](#) and [Partnerships for Safety](#) for more information.)

In order to involve fathers and absent parents in services planning, foster care workers have had access to the Federal Parent Locator Service since September 2000; although foster care workers had to know the absent/putative parent's SSN. Effective April 1, 2002, foster care and juvenile justice cases must be referred to the local FIA Office IV-D Child Support Specialist. For new cases, this referral will take place at case opening. It is hoped that this process will result in earlier identification of putative fathers and location of absent parents. (See [D. Staff and Provider Training](#) for information on the pilot Fatherhood training program.)

The Court Improvement Program has also piloted an Absent Parent Protocol for use by courts and child welfare agencies to insure that absent parents are given due process in child protective proceedings beginning with the preliminary hearing. Statewide distribution of the Protocol is planned for later in 2002. (See [Absent/Putative Parents](#) for more information.)

The Michigan Court Improvement Program (CIP) has implemented a pilot Permanency Planning Mediation Program (PPMP) in 10 counties. This process is being used in cases to increase the parents' compliance with the Treatment Plan and Service Agreement. (See [Permanency Planning Mediation Program](#) for more information.)

Case Review System

In a survey of parents whose children were in foster care, 68% of the parents remembered discussing a plan or goal for the family with the worker. Thirty-two percent (32%) did not remember discussing a plan for their child with the foster care worker. Eighty-two-point-six percent (82.6%) of the parents who remembered discussing their child's goal or plan stated that they were able to give input into the plan. Seventy percent (70%) of the parents felt that the caseworker was willing to listen to suggestions on how to improve their situation. When comparing the case goal reported by the parent with the goal reported by the caseworker, there was a 90% agreement.

It was found during targeted foster care case readings that caseworkers are involving the parent in the development of the service plan in 59% of the cases reviewed. These same numbers of parents were involved in other activities with the child such as doctor's appointments, school conferences and birthdays.

In interviews conducted with parents involved with the CPS program, 61% reported that they had input regarding the services they received.

According to focus groups with Foster Care Review Board members and CASA representatives, parents and youth are not regularly involved in the case planning process. Many times the Parent-Agency Treatment Plans and Services Agreements are not even signed by the parent. Both groups admit that this practice varies by worker.

3. *Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every 6 months, by a court or by administrative review.*

Six-Month Review Hearing

The Michigan Juvenile Code, Public Act 288 of 1939, (MCL 712A.1 et. seq.), is the Michigan statute that grants the court the authority over abuse/neglect and delinquency proceedings in the state. The law also requires that each child coming within the jurisdiction of the court in Michigan receive such care, guidance, and control, preferably in his own home, as will be conducive to the child's welfare and that, if a child is removed from the control of his or her parents, the child shall be placed in care as nearly as possible equivalent to the care which should have been given to the child by his or her parent.

Significant changes in Michigan statute and FIA policy were implemented as a result of the Binsfeld Children's Commission. The Commission was established by the Governor of Michigan, John Engler. The Commission was chaired by then Lt. Governor Connie Binsfeld. The theme of the committee was child safety, permanency, and child and family well-being. The Commission's charge was to: "Review current laws, programs, procedures, policies, and training procedures that affect children and create recommendations to help improve the quality of life for Michigan's Children." Three meetings were held around the state in Traverse City, Detroit, and Kalamazoo. Over 75 people testified in person and more than 100 submitted written testimony. Another meeting was held in Lansing, with 100 private and FIA employees

attending. A report was generated from the commission that contained 197 recommendations for change. Twenty-five (25) of the recommendations were deemed to have the highest priority. FIA has implemented 139 of the recommendations. FIA is in the process of implementing 22 more. We did not support or act on 20 of the recommendations and 16 of the recommendations required action on the part of other entities. (For a summary of the Binsfeld legislation, see **Attachment A.**)

Changes in Michigan statute were enacted for the court system in 1998 as a result of the Binsfeld Children's Commission. Review hearings must be held every 91 days for all children in foster care; except for children placed permanently with a relative or in a permanent foster family agreement. The court must hold review hearings for these children every 182 days after the first year of placement. Before 1998, review hearings were only held every 91 days during the first year of placement and 182 days thereafter. Court reviews for juvenile justice cases take place every 182 days. These reviews are conducted by a referee, who is a licensed attorney or a Family Court judge.

Notice of the hearing is provided to the parents or guardian, if parental rights have not been terminated by the court. Transportation maybe provided by the supervising agency, either FIA or a private child placing agency. Parents are assigned an attorney to represent them in court based upon financial need.

The court may consider any written or oral information concerning the child from the child's parent, guardian, custodian, foster parent, child caring institution, supervising agency worker, or relative with whom a child is placed, in addition to any other evidence at the hearing. Criteria reviewed at the hearing are:

- Compliance with the case service plan by the child and parents and whether they benefited from the services provided.
- Compliance with parenting time requirements.
- Likely harm to the child if the child continues to be separated from the child's parent.
- Likely harm to the child if the child is returned to the child's parent.
- The court must decide the extent of progress made towards alleviating or mitigating conditions that caused the child to be, and to remain, in foster care.

Following the hearing, the court may:

- Order the child to be returned home, if parental rights have not been terminated;
- Modify the dispositional order;
- Modify any part of the case service plan;
- Enter a dispositional order; or
- Continue the prior dispositional order.

During post-termination review hearings, the court will review the following:

- The appropriateness of the permanency planning goal;
- the appropriateness of the child's placement in foster care; and
- the reasonable efforts being made to place the child for adoption or in another permanent placement in a timely manner.

Case Review System

At review hearings for juvenile justice youth, the court reviews reports submitted by FIA and the youth's residential provider, if applicable. The court considers the youth's placement, services being provided to the youth and the progress of the youth.

Binsfeld legislation passed in 1998 required the State Court Administrator's Office (SCAO) to publish an annual report card on courts and their achievements in obtaining permanency for children. The report includes the court's adherence to time periods of review hearings and permanency planning hearings as set forth in Michigan statute. Programming for the pilot courts has just been completed. Staffing resources are an issue. Conversion of the data from a paper to an electronic format has delayed the implementation of this pilot project. This report will be used to assist courts in analyzing their performance and helping them develop corrective measures when the summary reports reveal a problem.

It was found during targeted case reading of foster care cases that 70% of the cases had timely 91 day court review hearings. Hearing schedules are determined by the court.

According to the FCRB 2000 Annual Report and focus groups with CASA representatives and FCRB members, there are frequent delays in court hearings. (See [Changes in Legislation to Effect Permanency Outcomes](#) for more information.)

Certain children also have administrative reviews. The Foster Care Review Boards (FCRB) are volunteer citizen review boards that operate in every county in Michigan. Some rural counties share a board. The FCRB meets on a monthly basis. At these meetings, they review four to six individual cases or sibling groups of children in foster care. The cases are randomly selected. These same children are reviewed every six months until a permanent placement has been established. The case material is read and then interested parties are interviewed. The FCRB reviews the case for appropriateness of the placement and the types of services provided, the number of placement settings, and the amount of progress towards the permanency plan by the agency and the parents. They also identify barriers to permanency for each case. These hearings are open to the parents, children, foster parent or relative caregiver, attorneys, foster care caseworker, and other service providers for the family. At the end of the interviews, the FCRB makes a report of recommendations. This report is sent to the court, the supervising agency, prosecuting attorney, and other interested parties. The court uses the report at its own discretion. (See [Foster Care Review Board](#), [Foster Care Review Board Administrative Reviews](#), and [Legislation to Prevent Unnecessary Moves](#) for more information on FCRB.)

The Court Improvement Program has been involved in providing training to the courts. On January 1, 1998, Michigan began formal implementation of the family division of the circuit court, which incorporated all substantive areas of family-related law into one jurisdiction. As a result of that systemic change, it was critical that training be provided in the area of child abuse and neglect to a large group of judges, court administrators, referees, and court clerks who had little or no experience in processing these cases or ensuring provision of services to the children and families. (For more information on this training see, [D. Staff and Provider Training](#).)

4. *Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed timeframes. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

Permanency Planning Hearing

A permanency planning hearing (PPH) must be held one year after the petition requesting removal was filed with the court and annually thereafter. PPH hearings are required by Michigan statute for abuse/neglect wards. Before 1998, the PPH was held 364 days after the dispositional court hearing. This usually meant the hearing was held 14 to 15 months after the child entered care. A PPH is also held within 28 days after an ASFA mandatory petition requesting termination of parental rights is adjudicated and the allegations in the petition are found to be true. At this PPH hearing, the request for termination of parental rights is considered by the court.

At the permanency planning hearing, the court considers any written or oral information concerning the child from the child's parent, guardian, custodian, foster parent, child caring institution, or relative with whom a child is placed, in addition to any other evidence at the hearing. The court then considers:

- Whether the child should be returned to the home of the parent, if parental rights have not been terminated.
- Continuation of foster care pending a determination on a petition to terminate parental rights.
- If the child is not returned home and the agency demonstrates that termination of parental rights is not in the child's best interest, the court can continue the foster care placement for either a limited period of time or on a long-term basis.

During targeted foster care case readings, it was found that only 59% of the cases had a permanency planning hearing held in a timely manner. Hearing schedules are determined by the court. (See [Permanency Assessment](#) for more information on the PPH)

The foster care SDM model incorporates outcomes of the Reunification Assessment into policy recommendations on placement of the child and the permanency planning goal to be used at court reviews and the permanency planning hearing. The policies embody the following principles:

- When families reduce needs/barriers to an acceptable level and maintain appropriate contact with their children through parenting time, the child should be returned home if the home environment is judged to be safe (with or without services).
- When needs/barrier reduction is poor/refused or parents fail to meet their parenting time responsibilities **or** the home remains unsafe, reunification will not be considered.
- Further, if needs/barrier reduction is poor/refused for two evaluation periods or any combination of unsafe or poor/refused for three evaluation periods, policy requires that the goal will be changed from return home to another plan for permanency.

Case Review System

Michigan statute does not require a PPH for juvenile justice youth. Some courts are holding PPH for these youth. Other courts believe that they do not have the statutory authority to conduct a PPH hearing. There is no data on the number of courts that are conducting PPH for juvenile justice youth.

5. *Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in, any review or hearing held with respect to the child in their care.*

Foster Parent Involvement in Court Hearings

Michigan statute requires that foster parents, pre-adoptive parents, and relative caregivers are notified of all review hearings and permanency planning hearings for children in their care. Some courts send the notification; others require the supervising agency to notify the placement provider. Michigan's SACWIS system generates a letter to the care provider that notifies them of the hearing.

The foster and pre-adoptive parents and relative caregivers have the opportunity to submit information to the court. Michigan statute requires the court to consider any written or oral information concerning the child from the child's foster parent, child caring institution, or relative with whom a child is placed.

Foster parents and relative caregivers are also notified of Foster Care Review Board hearings by the Board. They are given the opportunity to submit information or to testify at these administrative reviews. Foster Care Review Board hearings are not held for children once they are placed for adoption. Forty-five percent (45%) of foster parents surveyed reported that they had been notified of Foster Care Review Board hearings for children in their care. Twenty-two percent (22%) did not know if they had been notified. This information may not be reliable because not all children in foster care have Foster Care Review Board hearings.

Foster care policy requires that foster parents and relative caregivers be actively involved in the service planning. A discussion of the plan must occur with the foster parent and relative caregivers when the child first enters care and during each quarter. They are informed that they have an opportunity to give input into the plan. A written statement is preferred and it is attached to each ISP and USP. The written statement is submitted to the court along with the service plan. If a written statement is not available, workers summarize the foster parent and relative caregiver's feedback in the service plan.

Binsfeld legislation passed in 1998 also allows the foster parents, pre-adoptive parents, and relative caregivers access to the service plans, court orders, and other written reports, except those made confidential by law, for a child living within their home. They are advised that the information contained in the plans and reports is confidential and cannot to be released to persons who are not involved with the care and treatment of the child.

Case Review System

Foster parents and relative caregivers have access to the child's lawyer-guardian ad litem (GAL). Policy requires staff to facilitate communication between the foster parent/kinship caregivers, the child, GAL. In a mail survey of FIA foster parents, only 35% reported that they have talked to the child's GAL to discuss the case plan. (See [Lawyer-Guardian ad Litem](#) for more information.)

In focus groups with foster and adoptive parents, they stated that the practice of notifying them of court hearings varies around the state. Some courts discourage them from attending the hearings. The practice of involving them in the case plan also varies by worker. The majority of them stated that they are never contacted by the child's lawyer-guardian ad litem. (For more information on the lawyer-guardian ad litem, see [Lawyer-Guardian ad Litem](#).)

In a mail survey of FIA foster parents, 66% of foster parents reported being notified of court hearings. Forty-three percent (43%) either "strongly agreed" or "agreed" that the child's caseworker asked them about their opinion about the child's case plan. During targeted foster care case readings, 79% of the foster parents were involved in the development of the plan.

A foster parent handbook is being developed by Michigan State University, the Michigan Foster and Adoption Parent Association, and FIA. This handbook advises foster parents of their rights regarding access to information regarding the child living within their home, their right to submit information to the court, and other relevant information. (See [Foster Parent Recruitment](#) for more information.)

One of the goals of the Family to Family Initiative that is being implemented within Wayne County FIA - South Central CFS District and Macomb County during 2002, is to involve foster families as team members in family reunification efforts.

C. Quality Assurance System

1. *Discuss how the State has complied with the requirement at section 471 (a)(22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.*

Foster Care Standards

The Child and Family Services Administration within the FIA is responsible for administering Title IV-E programs in the state of Michigan. Michigan's Social Welfare Act, Public Act (PA) 280 of 1939, as amended, MCL 400.1, et. seq. and the Executive Reorganization Order 1996-1, April 1, 1996, grants FIA the authority to administer the TANF, Title IV-B, Title IV-E, and Title XX programs. The Act also provides that the Agency investigate, when requested by the Family Division of the Circuit Court, matters pertaining to dependent neglected and delinquent children and wayward minors, under the jurisdiction of the probate court, (and) provide supervision and foster care as provided by court order. Michigan is a state-administered system. Policy is developed and administered at the state level and is mandatory upon all counties within the state. Michigan has 83 counties, each with a county Family Independence Agency office, which implement policy under the direction of the Field Operations Administration. Michigan's TANF, Title IV-B and IV-E state plans can be viewed at <http://www.michigan.gov/fia>, News, Publications & Information, State Plans & Federal Regulations.

Public Act 116 of 1973, (MCL 722.101 et. seq.), also known as the Child Care Organization Licensing Act, provides for the protection of children placed out of their home through the establishment of standards of care for child placement agencies, institutions, and family foster homes. The Act also contains provision of penalties for noncompliance with promulgated administrative rules. Michigan has Administrative Rules that govern the following:

- Child Placing Agencies, (Rule 400.12101-400.12713);
- Foster Family Homes and Foster Family Group Homes (Rule 400.9101-400.9506);
- Child Caring Institutions (Rules 400.4101-4666).

New licensing rules for foster and group homes, and child placing agencies were effective January 1, 2001. The Administrative Procedures Act was followed during the development of these rules. Hearings were held around the state. The previous child placing agency rules had been in effect since 1980. The foster home rules were incorporated into Public Act 116 in 1973 but had been written long before the enactment. For more information, Public Act 116 and the administrative rules can be viewed at <http://www.michigan.gov/cis>, Family and Health Services, Child Welfare Licensing.

The Child Welfare Licensing Division, Bureau of Regulatory Services, within the Department of Consumer and Industry Services, issues child placing agency, child caring institutions, and foster home licenses. They conduct annual licensing reviews of all child placing agencies, whether local FIA offices or private child placing agencies, and child caring institutions in Michigan, to ensure compliance with Public Act 116, and administrative rules. Child placing agencies conduct initial and annual reviews of individual foster homes. (For more information on Foster

Home Licensing Rules and reviews, see [G. Foster and Adoptive Home Licensing, Approval, and Recruitment.](#))

Public Act 203 of 1994, "The Foster Care and Adoption Services Act," (MCL 722.951 et. seq.), includes requirements for child placing agencies and adoption attorneys.

Child Placing Agency Rules

Child placing agency rules set forth requirements for all child placing agencies in the state. The rules are the minimum standards that must be met to ensure the safety of children in foster care. The rules set forth requirements in the following areas:

- General Provisions;
- Agency Procedures;
- Foster Home Certification Requirements;
- Foster Care Services;
- Independent Living Services;
- Adoption Evaluation Services;
- Adoption Placement Services;

The chief administrator of each child placing agency must conduct an annual assessment and verify the agency's compliance with the rules. The administrator must also develop, maintain, and monitor an outcome measurement system to ensure:

1. That the services provided to the children, youth, and families comply with the applicable provision of the rules.
2. That positive outcomes for children, youth, and families served are produced.
3. That risk to children, youth, and families served is minimized.

Annual reviews are conducted by the Licensing Division to decide the agency's compliance with the rules. If the agency is found to be in non-compliance with any rule, the agency must develop a corrective action plan. The plan must correct the non-compliance within six months.

Child placing agencies investigate foster homes for licensing rule violations. These investigations may be conducted at the same time as a CPS investigation if the rule violation includes allegations of abuse and/or neglect. The agency completes a Special Evaluation Report and recommendations are made regarding the licensing action to be taken. Revocation of a license is done at the state level administration of the Division of Child Welfare Licensing.

The Division of Child Welfare Licensing investigates allegations of abuse and/or neglect in child caring institutions. The reports are reviewed for completeness and appropriate disposition on the FIA information systems by the local CPS staff where the institution is located. After the investigation and review, Licensing sends the CPS investigation report to FIA for entry on information systems. (See [G. Foster and Adoptive Home Licensing, Approval, and Recruitment](#) for more information.)

Purchased Care Division

Foster care and adoption services in Michigan are provided by both private and public child welfare agencies. FIA contracts with private agencies and child caring institutions to provide these services. Contracted private child placing agencies are subject to the same policy requirements as the local FIA office. The Purchased Care Division (PCD) within the FIA is responsible for the administration and monitoring of all foster care contracts. Contract monitors perform annual reviews to ensure that the contract providers are fulfilling their contractual responsibilities. As part of the monitoring process, PCD responds to complaints from the field or the community regarding the provision of services. This may include coordination with the Child Welfare Licensing Division in the investigation of licensing rule violations and CPS when there are allegations of abuse/neglect.

FIA Monitoring Worker

Individual local offices under the direction of the Field Operations Administration determine their need for purchased care services in lieu of FIA staff providing the services directly. Those local offices choosing to purchase foster care, adoption, or juvenile justice services still have responsibility to the local court for the quality of the services provided. These workers monitor compliance with the purchase of service agreement that is completed by the local FIA office and the purchase agency or the residential care provider. This monitoring activity must ensure that the purchase agencies complete required reports. They also approve or disapprove the services plans for each child in purchased foster care or residential care. The relationship between the purchase agencies and the local FIA offices will vary depending upon the number of FIA offices in their catchment area. Areas of conflict are first dealt with at the local level. If the local FIA is unable to resolve the conflict, the situation is brought to the attention of the Field Operations Administration and the Purchased Care Division.

Child and Family Services Administration Outcomes Report

Michigan began developing program outcomes in 1994 as part of its welfare reform effort, To Strengthen Michigan Families. In 1994 and 1995, FIA sponsored 127 focus groups throughout Michigan in anticipation of a Federal block grant for services to children. More than 1,300 individuals in 26 counties participated and identified barriers to effective services for children and families. The results of those focus groups were suggested reforms in five key areas: prevention, protection, preservation, permanency, and proficiency. Through enhanced funding, new staff and innovative programming, some of the barriers have been removed and other identified problems are being ameliorated. (See [E. Service Array](#), [Safety Assessment](#) and [Permanency Assessment](#) for information on prevention, protection, preservation and permanency.)

In July of 1998, the Child and Family Service Administration established core Children's Services Universal Outcomes as a part of performance monitoring. Proficiency is defined as measuring the Administration's gains toward achieving goals in the five areas described above. These outcomes were developed to provide an overarching vision and framework for the delivery of child and family centered services in Michigan. They provide FIA with a basic

Quality Assurance

performance management system that enables the measurement of where we were, what programs or interventions are working and where we need to focus our efforts in the future. The targeted goals were linked to those areas identified through the focus groups as being the most critical. This Outcomes Report is updated annually. The Supervising Agency Report Card and the data warehouse are other ways FIA monitors services to children and families. ([See below.](#))

Office of Reengineering and Quality Management

FIA began a strategic planning process in July 1999. A leadership team met to assess the changing needs, expectations and challenges of our customers, as well as our organization. The goal of the team was to build on the framework of Michigan's welfare reform effort, To Strengthen Michigan Families, to establish priorities, target resources accordingly, and engage all FIA partners and staff to assure positive outcomes for our customers.

The strategic planning process involved developing vision and mission statements as a framework for change. Critical success factors and values were also developed to focus staff on the vision and mission of the agency. A business planning process was developed for all staff that defined each agency task by these critical success factors and values. Staff Development Plans are a requirement of FIA's Performance Architect evaluation system. This system is maintained by the Office of Professional Development and supported with a needs assessment and library system for improving employee performance.

The Performance Management and Development Program (PMDP) is a part of this process. PMDP process is a performance appraisal process utilized by our management staff at the division level and above. This process insures that all top level staff eligible for performance pay are working on those objectives that are aligned with the "critical success factors" in our strategic plan. The PMDP is intended to help the FIA achieve its mission of meeting the needs of individuals and families living in Michigan who are unable to provide for themselves; to assist those who are capable to become self-sufficient; and to protect children and vulnerable adults from abuse, neglect, exploitation, and endangerment.

Teaming for Excellence is an initiative designed to foster a workplace environment that supports the efficient and effective delivery of services. It is a way to improve continually performance at every level of operation and in every area of FIA. Teaming for Excellence relies on people and involves everyone. It is not an additional activity but the manner in which existing activities should be performed. These include any initiative that improves the quality of service to our clients, customers or to each other within the FIA. These ideas are identified and shared with others within FIA as Excellence in Action – Best Practices.

As part of this process, a decision was made to complete a Malcolm Baldrige assessment of FIA. The report was released in April 2002. The purpose of the assessment was to understand better FIA's culture, to identify and celebrate things FIA does well and to identify opportunities for improvement. The comprehensive assessment included interviews of Executive Council members, gathering information from Agency leaders at a Statewide Directors Leadership Excellence Conference, three employee focus groups and a comprehensive survey of Agency employees. In addition, eight survey focus groups were conducted to help understand better the

Quality Assurance

survey results and to identify some possible opportunities for improvement. The results of the survey and survey focus groups will be used as a baseline to measure improvements over time. They will also be used in:

- agency strategic and business planning;
- project and initiative design and implementation;
- day-to-day decision making; and
- transition planning due to the early retirement.

Supervising Agency Report Card

Binsfeld legislation requires FIA to publish an annual report card for each supervising agency that evaluates the achievements of that agency in obtaining permanency for children and making recommendations for the removal of barriers to permanency. The Child and Family Services Administration within FIA produces the report card. It is sent to each child placing agency to use in evaluating its programs.

FIA Data Warehouse

Once the SDM process is implemented within the SACWIS system, tracking of identified needs along with the provision of services to meet these needs will be available at the state level. This information will assist FIA in continuing the services and programs that are meeting the needs of children and families, while discontinuing services that are not. (For more information see [A. Statewide Information System Capacity.](#))

Council on Accreditation

One-hundred and fifteen (115) private agencies in Michigan are accredited by the Council on Accreditation for Children and Family Services. As part of this process, the agency must have a program development and quality improvement process in place.

See Permanency Assessment for information on Michigan's Families Alternatives to Foster Care Pilot and the Foster Care Permanency Initiative. These two programs are performance based foster care programs.

2. *Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency, and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.*

Quality Assurance

FIA has several internal quality assurance procedures. These include:

- CPS Peer Review;
- Supervisory Case Readings;

Quality Assurance

- Targeted Case Readings;
- NCCD Case Readings;
- Office of the Family Advocate.

Two external organizations that provide oversight include the Office of the Children's Ombudsman and the Foster Care Review Board.

CPS Peer Review

Michigan's quality assurance system for safety, permanency and well-being for children and families served by the Agency is a CPS peer review process. This process has been in place since December 1999. The Peer Review Team consists of CPS supervisors from various counties throughout the state temporarily assigned to the program policy office. The reviews involve case readings, worker observation, and interviews. The interviews include workers, supervisors, managers, as well as customers.

The team is in the process of completing the reviews of all counties in the State. At least five re-reviews have been completed per year. The Peer Review is set up to review all of the counties (districts in Wayne) in the State on approximately a four-year cycle. Data is compiled for each county (districts in Wayne County) in the areas of policy compliance, customer satisfaction and continuous quality improvement practices. A report of the findings is supplied to each county (district) as well as Field Operations Administration and the CPS Program office.

The Peer Review process involves review of the reasonable efforts made to preserve the family prior to petitioning the court, review of the Safety Assessment tool to determine if it supports the petition and the review of the kinship assessment to determine if all efforts were made to place children with kin. The Peer Review process also involves review of the systems in place to assure supervisory oversight of petitioning.

Customer interviews are conducted as well. Customers are interviewed during each initial review. These customers include foster children, parents who have received services, court personnel, and mandatory reporting parties/service providers. Customer satisfaction performance is a part of the initial review report to the county/district and is compiled in a year end roll-up report.

Comparative data is provided to the CPS Program Office and to the Field Operations Administration on an annual basis. This data includes findings of low policy compliance in the areas of policy, child safety, and Structured Decision-Making. The CPS Program Office reviews this information as part of the process in determining if policy changes or clarifications are needed. Field Operations uses the information to work through the zone offices on assisting the counties with enhancing performance where improvement is indicated. Re-reviews are done in as many as five counties (or districts) each year. These reviews consist of case reading to determine changes in the policy compliance from the original report for the county.

Fifty-six (56) of 62 policy areas improved between the composite reviews for the year 2000 and the composite reviews for 2001. The compiled data from the Peer Review Process has been used

by the Michigan Office of the Auditor General in the FIA's presentation to the State Legislative Oversight Committee. Public release of this information is not available at this time.

Supervisory Case Readings

Each child welfare supervisor must review a minimum of three cases per worker per quarter. Quarterly case reading reports are submitted to the Zone Office. Quarterly reports are to include the following information:

- Number of service workers supervised during the quarter and number of cases reviewed per worker.
- A description of the sampling method used.
- For targeted readings not mandated by policy, a description of what areas were targeted and the reason for targeting those areas.
- A summary and evaluation of case reading results.
- An overall summary of policy strengths and weakness by program area.

In March 2002, the CPS, foster care, juvenile justice, and adoption case reading forms were revised in preparation for the Child and Family Services Review (CFSR). The Onsite Review Instrument guided the changes in the case reading forms. The revised form is longer and requires a qualitative analysis on the part of the supervisor. Use of the new paper forms was required April 1, 2002. An electronic database was also designed to collect data on a statewide basis for foster care and juvenile justice regarding policy compliance. Supervisors will be required to use this electronic form beginning July 1, 2002.

Foster Care, Juvenile Justice and Adoption Targeted Case Readings

Targeted case readings were conducted during 2002 in Wayne County and seven outstate counties. Approximately 550 foster care cases were read. Information from targeted readings was used during the self-assessment process to analyze policy compliance. Trends in the data will also be used to determine training needs to prepare for the Federal onsite review and as part of Michigan's Program Improvement Plan (PIP). Reports are being provided to the counties to assist them in improving their policy compliance.

Youth age 14 and older were interviewed during these targeted case readings to determine policy compliance with independent living preparation services. (See [E. Service Array and Resource Development](#) for more information on these interviews.)

NCCD Case Reading

FIA contracted with the National Council on Crime and Delinquency (NCCD) staff to conduct a foster care and juvenile justice SDM case reading. The Supervisor/NCCD Comparison Case Reading has been completed in the three Wayne County Service Districts and the four Urban counties. Supervisors read three cases per worker per quarter, to review foster care SDM and policy compliance. NCCD randomly selects approximately one case per worker of the cases reviewed by the supervisor and scores the same SDM items scored by the supervisor.

Quality Assurance

This case read had two primary objectives:

- a. To determine supervisor's operational knowledge of SDM by comparing areas of similarity/difference from NCCD staff in case reading findings related to the presence of required SDM case record documentation;
- b. To identify areas where follow-up SDM training could strengthen foster care and/or juvenile justice SDM implementation for supervisors and staff. (See [Case Plan Requirements](#) and [Permanency Assessment](#) for more information on SDM.)

Office of the Family Advocate

The Office of the Family Advocate within FIA reviews cases and provides input regarding policy, law and practice. The Advocate reviews all cases that are reviewed by the Office of Children's Ombudsman, most media and child death cases, cases involving individual customer complaints and cases wherein a legislator files a complaint/inquiry. Approximately 85 Ombudsman's cases are reviewed annually by the Advocate.

Office of the Children's Ombudsman

The Office of the Children's Ombudsman (OCO) investigates complaints regarding children supervised by FIA, and private child placing agencies. The OCO reviews case files and conducts interviews with various parties involved with the case. The OCO either affirms the actions of FIA/private agency and/or issues a Report of Findings and Recommendations, which outlines violations of law, policy, and practice. FIA's actions are affirmed about 50% of the time. This report is sent to the FIA Central Office and the local FIA office or the private child placing agency. The Office of the Family Advocate officially responds to these reports.

The FIA also works in conjunction with the OCO to improve child welfare policy. The Ombudsman produces an annual report with recommendations for legislative and policy changes in the areas of CPS and foster care policy and system issues. FIA responds to the recommendations and the report is published. The report is submitted to the Governor and the Michigan Legislature. Since its inception in 1995, the OCO has issued 105 Annual Report Recommendations. Seventy percent (70%) of them have been fully implemented by FIA. Sixteen (16) of the policy/practice recommendations for change have been partially implemented and eight policy/practice and six legislative changes have not been implemented.

Foster Care Review Board

Another outside organization that reviews foster care cases within the State of Michigan is the Foster Care Review Boards (FCRB). They make recommendations on individual cases that are then sent to the court. Binsfeld legislation passed in 1998 expanded this program statewide. The rationale was to provide more oversight of the FIA. Local FCRBs are also required to maintain statistics and make findings regarding the reviews of cases. These statistics are compiled into an annual report that is published by the State Court Administrators Office (SCAO). The report contains program recommendations and lists barriers to achieving permanency for children in

foster care. This report is submitted to the Governor and the Michigan Legislature. (For more information on the FCRB, see the [B. Case Review System](#) and [Permanency Assessment](#).)

Field Operations Administration's Responsibility

The Field Operations Administration has oversight responsibility for all 83 county FIA offices in the state. There are two main entities in FOA: Wayne County Operations and Outstate Operations. Wayne County Operations has four zones, with one (Zone 10) over all the children's district offices. Within Outstate Operations, there are four geographically aligned zones with four larger counties separately reporting to the Outstate Operations Director as Urban Counties.

The zone managers direct staff to help county offices maintain the highest possible quality of service delivery. They are the first response for county FIA administrations when needs arise locally. They facilitate the development of corrective actions when needed with identified problems. These corrective actions are typically done when:

- a county receives provisional licensing approval from their child placing agency licensing annual review;
- the Supervising Agency Report Card for the county includes extraordinary information;
- the CPS Peer Review Report includes policy compliance areas that are below the 90% level;
- Supervisory Care Reading Reports identify policy issues to be clarified;
- Targeted Case Reading or NCCD Case Reading identifies potential problems;
- Office of Family Advocate and the Office of the Children's Ombudsman include OCO's investigation findings and recommendations that require attention;
- the Foster Care Review Board report states findings that are barriers to the child achieving permanence; and
- Zone Office staff identify local issues from other interaction with the county offices or customers of the local offices.

D. Staff and Provider Training

1. *Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State's initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.*

Training Requirements

Child Placing Agency Licensing Rules require that each social service worker and supervisor receive at least 16 hours of orientation before assumption of assigned duties. Each agency must ensure that they receive at least 14 hours of training relating to their current position within the first year of training. Thereafter, each worker and supervisor must receive no less than 14 hours of training annually. The orientation and training must include:

- Characteristics and needs of children and families served by the agency.
- Requirement of applicable statutes relating to the services the agency provides that are subject to the Licensing Rules.
- Agency expectations for the social service worker to facilitate and supervise the care of children and to work with families that are served by the agency.
- Agency expectations for the social service worker's role and responsibility with foster parents and other persons who provide care or services to children and families served by the agency.
- Agency expectations for developing, maintaining and reviewing initial and updated service plans for children and families served by the agency.

Under the Child Protection Law, FIA has a statutory obligation to assure a continuing education program for "department, probate court, and private agency personnel. The program shall include responsibilities, obligations, and powers under this Act." (For more information on the Child Protection Law, see [Michigan's Child Protection Law](#).)

The Michigan Child Welfare Training Plan is predicated on a competency based and outcome focused comprehensive training initiative. This plan meets all of the Licensing Rule requirements listed above. Components include:

1. University education and course work at the bachelor's and master's level.
2. An eight-week pre-service Child Welfare curriculum for both public and contracted private agency child welfare staff.
3. Advanced or experienced Child Welfare staff training modules.
4. Collaborative training with Michigan courts, Michigan State Police, Native American tribes and the Prosecuting Attorney Association of Michigan, etc.
5. Foster and adoptive parent training.

This system determines the desired qualifications for staff entering the field of child welfare, assesses their training needs and orients and trains staff on the laws, regulations, policies,

Staff and Provider Training

procedures, automation, payment issues, casework practices, and special issues that impact the delivery of child welfare services. Most importantly, it reinforces the Agency's philosophy, promotes competency in child welfare programs, and assures staff have the skills necessary to do their job effectively.

The Child and Family Services Administration (CFS) and the Office of Professional Development (OPD) within FIA have the task of developing and operating the child welfare training system. The OPD has lead responsibility for the Title IVE State Training Plan with input from the Child Welfare Institute manager as well as Administration for Child and Family Services staff. The Family Independence Agency has several initiatives with institutes of higher learning that encourage staff to further their education. These include educational leave and partial tuition refund. These programs are administered by the OPD within FIA. Detailed information about each program is outlined below:

University Education

The Agency grants employees the opportunity to pursue higher educational degrees via an Educational Leave of Absence. Such leaves may be granted for up to two years, with conditions and rights to return to a position at their current level and class at the expiration of the leave determined depending on their bargaining unit and applicable policy.

FIA also operates a Partial Tuition Refund Program (PTR) to assist employees, who are pursuing degrees which would qualify them for child welfare positions, with a partial refund of their tuition cost and enrollment fee at accredited educational institutions. Courses eligible for reimbursement must be directly related to an employee's current job or another FIA classified position. The PTR policy can be found in the FIA's Administrative Handbook available online at <http://www.michigan.gov/fia>, News, Publications & Information, Manuals & Guides, FIA Manuals.

Elements of this program are:

- **Planning Grants.** In order to implement strategies that would allow future and existing public child welfare staff to obtain Masters of Social Work (MSW) with a specialization in child welfare, planning grants were given to six graduate schools of social work. These six graduate schools of social work worked with the FIA to develop core competencies for child welfare. These agreed-upon competencies serve as a base for this MSW program, with child welfare specialty (MSW/CWS).
- **Implementation/Continuation Grants.** Once the planning was terminated, beginning in the fall of 1997, continuation grants are given annually to the schools for developing, expanding or improving (includes curriculum development, classroom, and/or field instruction) training for FIA staff who wish to obtain an MSW with a specialization in child welfare. This specialization allows staff to upgrade their skills and knowledge and provides a bridge between schools of social work and FIA to improve current child welfare practices.

To receive a grant, schools must:

- Be accredited.

Staff and Provider Training

- Identify faculty to be released from their current university responsibilities to redesign the MSW curriculum and related course work, integrate the Michigan MSW competencies into new or current course work as well as admissions requirements and field placement planning.
- Submit a proposal containing the following:
 - A plan to revise, adapt and refine existing curriculum and related courses incorporating the child welfare core competencies to address the following: Referral for services, preparation for and participation in judicial determinations, placement of the child, development of the case plan, case review, case management and supervision, recruitment and licensing of foster homes and institutions.
 - A description of how a strength-based, solution-focused approach to casework will be incorporated into the curriculum.
 - A description of how the school will collaborate with the FIA to develop a curriculum, which is relevant to the families that the FIA serves.
 - A description of how an advanced curriculum, which addresses the needs of special populations, will be developed.
 - A description of how the proposed educational program is related to the FIA's financial assistance programs.
 - A description of how the program will meet the Agency's personnel needs, including off-campus classes, multi-media presentations and evening and weekend coursework.
 - A description of how the students and educational program will be evaluated and assure that the evaluation will occur no later than at the close of the second year of the planning grant.
 - Agreement to work with the FIA's Office of Human Resources to develop a recruitment plan and admission requirements.
 - Agreement to work with FIA to develop a field placement plan.
 - Agreement to develop a plan to utilize staff from child welfare agencies as resource people, guest presenters, committee members, field placement instructors, etc., in the education development and teaching processes.
 - A description of any interagency agreements which will be developed.
 - A Grant chart and implementation plan.
 - An assurance that a Title IV-E match will be provided. Cost items included in indirect costs rates used as match, may not be duplicated elsewhere in the budget.
 - A budget, which specified costs and identifies match and sources of match.
 - A description of the methods to be used to evaluate the students' attainment of competency.
 - Agreement to cooperate with program evaluation procedures.
 - Agreement to implement the plans as specified in the approved planning grant contracts.

Reporting requirements will be developed by the FIA. The Agency will evaluate each program every two years.

This program may fund field instructors, who are added to provide supervision to the students in FIA placements. Local offices and/or schools must provide information related to what additional costs have been incurred.

Staff and Provider Training

Fifty (50) FIA staff completed an MSW under this program in 2001 and 34 FIA staff completed this program in 2000. Michigan State University also has a grant to provide eight child welfare scholarships for a BSW in child welfare.

Child Welfare Curriculum

The process of developing the eight-week pre-service Child Welfare Institute (CWI) began in 1995 with a Child Welfare Training Advisory committee made up of FIA staff and managers, policy and program staff, trainers, and representatives from juvenile courts, private agencies, the Michigan Foster and Adoptive Parent Association, schools of social work, and the National Association of Social Workers. The committee reviewed recommendations of the Child Welfare League of America (CWLA) on in-service training, as well as models from other states and concluded that the following elements are necessary in such a curriculum:

- Competency based
- On the Job Training (OJT)
- Mandatory Attendance
- Pre-service training

According to CWLA, competency-based training is an integral part of the structure of many child welfare service organizations. A competency is defined as the knowledge and skills necessary to perform a job task. CWLA has published an extensive listing of recommended child welfare competencies. These competencies were reviewed by the Curriculum Committee, revised, customized, and expanded to reflect the needs of Michigan's child welfare system. The competencies were then distributed to the field and the Child Welfare Training Advisory Committee for review and comment. The committee considered all responses/recommendations and modifications were made as necessary.

The Child Welfare Training Advisory Committee then made a recommendation as to how much time should be devoted to each module. From 1997 to 2001, the competencies were grouped into the format and courses as identified. Each course was supported with a pre-/post-test to measure the impact of training on trainee performance. Presenters for the training included public and contracted private agency child welfare training staff as well as attorneys, physicians, an appellate court judge, and experts in mental health, health and medical issues, youth gangs, substance abuse, and juvenile sex offenders. On average, 95% of attendees passed the post-test. Approximately 5% failed. These staff were evaluated for continued employment with the agency according to the agency policy on performance in training. In 1999 and in 2000, 94% of trainees rated the training as "good", "very good" or "excellent". Six percent (6%) rated it "fair" or "poor". (See <http://www.michigan.gov/fia>, Doing Business With, Child Welfare Training Institute, for information on competencies.)

After two years of delivering the competency based CWLA model, the Michigan Child Welfare Training Advisory committee was re-convened in 1999 to review the success of the model and to make recommendations for improvement. Twenty-three (23) sub-committees were staffed by 205 members from:

- public and private child welfare agencies;
- juvenile court staff;

Staff and Provider Training

- foster parents;
- staff from the Office of the Children's Ombudsman;
- staff from the Foster Care Review Board; and
- legislative representatives.

In addition, in 2001, all trainees who had participated in CWI courses from June 2000 to September 2001 were surveyed. Feedback was incorporated into the revised CWI. Ongoing revisions are made to the curriculum as policies, procedures, or laws change.

One hundred and fifty eight (158) recommendations were received for improving the 23 modules offered by CWI. One third of those recommendations were implemented immediately, but two-thirds could not be implemented without massive restructuring. Common themes among the various subcommittees were that they wanted "less theory" and more "hands-on", job specific training. Beginning in January 2002, CWI initiated a pilot of the revised Institute predicated on the following eight operational outcomes. Upon completion of the training, staff will be able to:

1. Determine eligibility for services and funding. Process all required forms and open a case successfully.
2. Process SWSS and all structured decision making requirements appropriately.
3. Conduct a home call including demonstrating Solution Focused, Forensic Interviewing and Child Abuse Investigation techniques as appropriate.
4. Negotiate a Parent-Agency Agreement utilizing a strength-based approach and incorporating factors cited in the Initial and Updated Service Plans (ISP/USP).
5. Write an ISP/USP following the online manual format, which is focused on the strengths and needs of the client, including a plan to meet those needs.
6. Demonstrate safety awareness skills.
7. Write a court petition based on the law and case findings.
8. Testify effectively in court.

In June 2002, the following conceptual outcomes were added:

Safety Outcomes

1. Children are, first and foremost, protected from abuse and neglect.
2. Children are safely maintained in their homes whenever possible and appropriate.

Permanency Outcomes

3. Children have permanency and stability in their living situations
4. The continuity of family relationships and connections is preserved for children

Child and Family Well-Being Outcomes

5. Families have enhanced capacity to provide for their children's needs.
6. Children receive appropriate services to meet their educational needs.
7. Children receive adequate services to meet their physical and mental health needs.

Each outcome is supported by specific training objectives and performance measures to assure new hires are able to demonstrate initial competence in the designated outcome areas. The training program is "case-based" with very job specific performance activities demonstrated

Staff and Provider Training

throughout the training. Weeks 1, 3, 5, and 7 are spent in the classroom and weeks 2, 4, 6, and 8 are field-based training. There are individual tracks for each program, including Children's Protective Services, Foster Care, Adoption, and Juvenile Justice. CWI utilizes a broad range of methodologies in delivering child welfare training, including videoconference, classroom, on-the-job, and web-based training.

All trainees also attend some common classes:

- Introduction to Child Welfare: The Interface Among Programs;
- Solution Focus and Forensic Interviewing;
- Introduction to Sexual Abuse;
- Safety Awareness;
- Legal and a Mock Trial (presented by attorneys and Judge);
- Domestic Violence (web-based); and
- Medical Findings of Abuse and Neglect (presented by a physician).

All eight weeks of the CWI are pre-service for FIA child welfare staff. Private agency staff have the first six months on the job to complete the training. Beginning in October 2002, private agency staff must begin the training within the first eight weeks of the job. In addition, the CWI offers the following advanced courses for experienced staff:

- Preparing for an Administrative Hearing: CPS staff and supervisors;
- Legal Issues in Child Welfare;
- Indian Child Welfare Act;
- Law Enforcement Information Network (LEIN);
- Substance Abuse;
- Health and Medical;
- Mental Health; and
- Multi-Ethnic Placement Act/Interethnic Provisions.

In addition, in 2002, CWI piloted a three-day child welfare addendum to the FIA New Supervisor Institute.

In 2001, 338 CWI classes were held with 1,076 people trained. These numbers include both new worker and experienced worker classes. Between January and May 2002, the CWI trained 1,752 staff in LEIN training, and 508 staff in other Child Welfare Institute courses. One-hundred and fifty-five (155) of those were private agency staff. Private agency compliance with the training mandate is monitored by the FIA Purchased Care Division during annual contract compliance reviews. (See [Purchased Care Division](#) for more information on the Purchased Care Division.)

Eighty percent (80%) of FIA new hires to child welfare are hired centrally and they are automatically enrolled in the Institute before being assigned a caseload. County directors are held accountable in Zones 1 and 2 to assure all staff meet the CWI mandate. (See [Safety Assessment - Staffing](#) for more information.)

Individual Development Plans are a requirement of FIA's Performance Architect Performance Management system. This system is maintained by the Office of Human Resources and supported with learning resources. CWI initiates the staff development plan and employee

Staff and Provider Training

evaluation system for all FIA child welfare central hires supervised by CWI during the eight weeks they are in training. At the end of the eight weeks, CWI completes an employee evaluation indicating whether the employee “met expectations”, “exceeded expectations”, or “needs improvement” in various categories. (See [C. Quality Assurance System](#) for more information on Performance Architect and [Safety Assessment](#) for information on hiring new staff.)

All training data is tracked by the Office of Professional Development utilizing the *Registrar* tracking system. Every time someone registers for a training session a record is generated which indicates whether the person successfully completed the training, canceled attendance, failed to show, or failed the program. Transcripts are available upon request.

Barriers to training attendance are predominantly an issue for private agency staff who may have a caseload already assigned while attending Child Welfare Institute training. This is not an issue for FIA staff, as they are not allowed to have a caseload until after they have successfully completed the training. Trainers and trainees report a considerable increase in trainee confidence and enthusiasm in doing the job with the revised 2002 curriculum than was reported under the earlier methodology. Trainees exit the training program with a considerable array of job aids and practice papers to support transfer of learning from the classroom to the job. Each trainee leaves the Institute with a portfolio of work documenting their success at achieving the outcomes.

CWI training sessions are evaluated in several ways:

Level 1: Trainee reaction to the training experience. (**Attachment B**, Field Training CPS Evaluation) This level measures the trainee’s reaction/satisfaction with the training.

Level 2: Performance Measures/Pre-/Post-tests. This level measures the trainee’s performance in achieving the training objectives.

Level 3: Ongoing supervisor reaction to the training (see **Attachment B**, CPS Supervisor Survey). This level measures whether the skills learned in the training are being applied on the job, from the perspective of the trainee’s supervisor.

Level 4: The outcome data listed above will be tracked over time to determine the strengths and needs of CWI training. Data from supervisory case reading will also be used. (See [C. Quality Assurance System](#) for more information.)

In addition, CWI sessions are evaluated by the training manager and the respective policy and program office, as well as the Office of the Children’s Ombudsman staff who frequently attend CWI sessions. They complete evaluations and offer feedback. (**Attachment B**, Child Welfare Institute Course Evaluation.)

During focus groups with FIA staff, they reported that CWI needed more hands-on training. They believed that regional training centers were a good idea. These focus groups were held in 2001, before the start of the new 2002 CWI program revision. Staff also reported that they need more money at the county level to attend conferences. Juvenile justice staff reported that there needs to be more training on safety issues, criminal sexual assault and assaultive behavior.

In addition to the child welfare curriculum, CWI has collaborated with the State Court Administrators Office (SCAO) (Court Improvement Project) in co-sponsoring the first ever joint

Staff and Provider Training

FIA/SCAO statewide training conference on “Managing Neglect” which was jointly attended by both agency and family court staff in 1999. In 2000, CWI again partnered with SCAO to present joint attorney/social worker training. In 2001, CWI partnered with the Michigan State Police to present a video conference statewide on “Clandestine Drug Labs”. In 2001 and 2002, CWI collaborated with the Michigan State Police on LEIN training for social workers. (See below for more information.)

The Child Welfare Institute is the largest child welfare training initiative in Michigan history. Before 1997, Michigan offered new hires in child welfare a one-week training program. The eight-week expansion has presented a tremendous opportunity to enhance the training experience for all new hires in child welfare. Some training cohorts have celebrated with annual reunions, bringing together diverse agencies and regions of the state who voluntarily come together to celebrate the bonds formed in training and their commitment to child welfare. Michigan’s Child Welfare Institute was featured on the National Clearing House on Child Abuse and Neglect web site in 2000 as a premier training program. Several other states and countries including, Georgia, Missouri, Minnesota, and South Carolina, Korea, and Romania have sought out consultation with Michigan when developing their child welfare training programs.

Conferences

The Michigan Federal Child Abuse and Neglect grant contributed financially to the following groups to support training for children’s services workers.

- The Michigan Child Abuse and Neglect conference. This conference is co-sponsored with the University of Michigan. Professionals from many disciplines attend this conference. The 21st annual conference was held on October 2001 and 450 people attended.
- Michigan State University Kinship Care conference, national experts were brought in to discuss emerging issues in kinship care.
- Michigan Association of Infant Mental Health.
- FIA’s Child Welfare Unit Child Abuse and Neglect conference, in 2000, 1,400 workers/supervisors attended.
- Of particular importance was the First Annual Midwest Region Structured Decision Making (SDM) Supervisors’ Conference for Child Protective Services and Foster Care Supervisors and Managers, held in Detroit. The conference focused on improving the use of SDM, which has been used in Michigan since 1996. Michigan, Minnesota, Ohio, and Wisconsin met. The groups looked for resolutions for mutual issues.

Other conferences include:

- The Governor’s Task Force on Children’s Justice sponsored a conference in October 2001, “Children’s Issues for the Millennium”, and approximately 200 people attended. Professionals from many disciplines attend this conference. This is an annual conference.
- The 8th Annual Medical Training Conference on child abuse and neglect was held in May 2002. The conference was titled, “A Child Abuse Course for Physicians: A Refresher on the Basics and Advanced Topics and Controversies.” Eighty-six (86) people attended.

Staff and Provider Training

- FIA is sponsoring four training sessions in 2002 dedicated to improving medical examiners child death scene investigation. FIA has contracted with the Michigan Public Health Institute to facilitate these trainings. (See [Citizen Review Panels](#) and [Child Fatalities \(Safety Data Element V\)](#) for more information on Child Death Review Teams.)
- The Bureau of Juvenile Justice (BJJ) has sponsored or co-sponsored four Balanced and Restorative Justice (BARJ) conferences for the past four years. The conferences are designed to stimulate interest in communities adopting the principles of BARJ. Community representatives come to learn and to share examples of success. Four-hundred and thirty-seven (437) people attended the conference last year. (See [Case Plan Requirements](#) for information on BARJ.)
- When the budget allows, BJJ has sponsored an annual fall Juvenile Justice conference. These conferences bring together FIA Juvenile Justice Specialists, private and public residential facility treatment staff, and other juvenile justice professionals. A conference was held in October 2001 and 300 people attended.
- An adoption conference was held in October 2001 on post adoption services, approximately 250 people attended.
- The Children's Trust Fund sponsors an annual conference covering the varied aspects of preventing child abuse and neglect. Professionals from many disciplines attend this conference. The 2nd annual conference, "Supporting Families with Young Children", was held in 2001 and 200 people attended. This year's conference will be held at Amway Grand Plaza Hotel in Grand Rapids on November 18-20, 2002. It is expected that 1,200 people will attend this conference.
- The "2002 Michigan Educational Teen Conference" and was June 19-21, 2002 in Lansing. Speakers and workshops will cover various topics concerning independent living. The conference will be paid for with Chafee funds that are allocated to counties and is coordinated by Lutheran Social Services of Jackson.
- Kalamazoo FIA sponsors an annual Teen Conference in Kalamazoo. About 250 teens, foster parents, workers, teachers were expected to attend this year's conference. The keynote speaker was David Peltzer, author of "A Child Called It" and other books. He also conducted a session for teens only and one for adults (parents, workers, public).
- Families First has an annual conference. Professionals from many disciplines attend this conference. The 14th annual conference was held in March 2002 and 450 people attended.
- Wraparound has an annual conference. Professionals from many disciplines attend this conference. In April 2002, Wraparound had their 8th annual conference and about 400 people attended.

Early Childhood Development

The Early Childhood Development (ECD) curriculum was completed in 2001 and was tested and fine-tuned in two counties. The intent is to provide a consistent and ongoing educational base for a collaborative child welfare team. The curriculum will be implemented statewide in 2002/2003. The ECD curriculum teaches child welfare workers, foster parents, and other professional involved in the zero to five-year old's life, the following:

- Most recent discoveries in early infant (0-5) brain development.
- Physical, social, and emotional aspects of childhood development.

Staff and Provider Training

- Attachment, separation, grief and other psychological aspects that impact abused or neglected children.
- Suggestions for treatment and solutions.

Touchpoints

Michigan contracted with Dr. T. Berry Brazelton to “train trainers” to teach child welfare workers and their collaborative counterparts to recognize “Touchpoints”. Dr. Brazelton’s neonatal research establishes “Touchpoints” as predictable periods in an infant’s development that can disrupt family relations. “Touchpoints” provides the practitioner with an opportunity to work with parents to anticipate and recognize these milestones, which promotes optimal child and family development.

The Michigan Collaborative Touchpoints Team is made up of two representatives from field pilot counties, three Michigan Foster and Adoptive Parent Association members, one university professor, one CWI trainer, and one program/policy member. Each have completed the Independent Living Training (ILT) and the Community Level Training (CLT) sessions from Brazelton Touchpoints Center instructors. Completion of the CLT qualifies the team to train. Child welfare staff in Ogemaw and Western Wayne will be trained in 2002. Service providers will be contracted and trained in 2002 and Touchpoints will be implemented in pilot counties.

Prosecuting Attorneys Association of Michigan

The Prosecuting Attorneys Association of Michigan (PAAM) continues to provide cross-professional training on forensic interviewing and coordinated investigative protocols. The curriculum was developed for training of CPS, law enforcement and legal professionals who investigate child abuse and/or neglect cases. Other PAAM trainings include Current Issues in Child Abuse and Neglect and Medical Issues in Child Abuse/Neglect Cases. Funding is provided by the state and training is offered statewide. Over 3,140 people have attended these seminars to date. (See [Safety Assessment](#) for more information.)

Law Enforcement Information Network (LEIN)

In conjunction with the Michigan State Policy, Law Enforcement Information Network (LEIN) training was provided to 1,752 child welfare staff during calendar year 2002. This training is in conjunction with the statewide rollout of LEIN terminals in all local FIA offices. (See [Safety Assessment](#) and [Permanency Assessment](#) for more information.)

Title IV-E Eligibility Training

Title IV-E eligibility training was provided to all foster care, juvenile justice workers, and supervisors from August 2001 to March 2002. Adoption and CPS workers had the option to attend. Court personnel were also invited to attend the training. Approximately 750 people attended this training. Title IV-E training has also been provided to a number of courts at their request.

Staff and Provider Training

ICWA Training

See [F. Agency Responsiveness to the Community](#) for information on ICWA training.

SWSS FAJ Training

Training on the state's SACWIS system (SWSS FAJ) took place during the calendar year 2001. All foster care, juvenile justice, and adoption staff received this training. CPS workers receive training on the SWSS Transfer to Foster Care to assist in the transfer of case information from CPS to foster care. (For more information see [A. Statewide Information System Capacity](#).)

Independent Living Curriculum

Eastern Michigan University received a Federal grant to develop a training curriculum for child welfare workers in Michigan, Indiana, and Oregon that will enhance the worker's ability to provide independent living services to youth age 14 to 21. FIA has provided input to EMU. This curriculum is designed for youth in various programs, including foster care and juvenile justice. It can also be used for youth in adoptive placement. Youth have also been involved in the development. (See [Independent Living Services](#) for more information on independent living services.)

New Licensing Rules Training

Training was provided by the Child Welfare Licensing Division on the new Child Placing Agency and Foster Home Rules during fiscal year 2001. (See [C. Quality Assurance System](#) and [G. Foster and Adoptive Home Licensing, Approval, and Recruitment](#) for more information.)

Supportive Visitation: An Opportunity for Change

Two (2) separate one-day sessions were held in 2000 and 2001; participants included case aides, foster care workers, and their supervisors. Approximately 125 people attended. The training was intended to introduce Supported Visitation concepts to staff who supervise visitation sessions, in order to help them move beyond passive observation. The Supported Visitation model identifies parent/child visitation as an opportunity for parents to learn and practice relationship-enhancing interactions, as well as maintain the parent/child bond in the difficult circumstances of foster care placement. Parenting time and visitation time can be an important opportunity to prepare and support families in the reunification process. Trainees explored the use of supportive techniques to build on parent/child strengths and enhance interaction. Realistic involvement and roles for family case aides were discussed, including the likely benefits for infants, children and parents. (See [Parenting Time](#) for more information.)

Fatherhood 2002

This is a pilot training for child welfare workers, foster and adoptive parents, biological parents and others offered by the CWI. The training is geared toward increasing the responsible father involvement of men who have children in the child welfare system. The consequences of

Staff and Provider Training

fatherlessness are examined, along with ways to engage fathers in actively parenting their children. In sessions with parents, the trainer includes ways to engage children and become active in their lives. It also includes early paternity identification and absent parent protocol. (See [Parental Participation](#) for more information on involving parents in service planning.)

Wayne State University

Wayne State University and the Wayne County FIA collaborated on training for child welfare workers. This three-year project ends September 30, 2002. Over 500 people have attended, including FIA and private agency staff. The objectives for the training are:

- To increase knowledge about typical and atypical child development.
- To develop improved assessment and interventions skills to promote child safety and well being.
- To develop improved ability to work with and advocate for children within multiple systems.

University of Michigan

The University of Michigan training is a program to improve the knowledge and skills of child welfare supervisors in personnel and program management. It is a three-year project funded by the U.S. Children's Bureau to develop a training curriculum for supervisors in public child welfare. Wayne County is one of the target counties. There was a focus group designed to assist the University in developing the curriculum. Since November 2001, 123 supervisors have been trained, 38 Wayne County FIA, 23 outstate FIA, and 62 private agency staff.

Customer Service Excellence

During 2000 and 2001, all FIA employees attended Customer Service Excellence training. Managers also attended the "Hooked on Excellence" training. This management training was the result of FIA's need to improve our internal customer focus. (See [Office of Reengineering and Quality Management](#) for more information.)

Court Improvement Program Training

The Court Improvement Program (CIP) has been involved in providing training to the courts. On January 1, 1998, Michigan began formal implementation of the family division of the circuit court, which incorporated all substantive areas of family-related law into one jurisdiction. As a result of that systemic change, it was critical that training be provided in the area of child abuse and neglect to a large group of judges, court administrators, referees, and court clerks who had little or no experience in processing these cases or ensuring provision of services to children and families. (See [B. Case Review System](#) and [Permanency Assessment](#) for more information on the courts and CIP.)

Training has primarily been provided by the Michigan Judicial Institute (MJJ); some in conjunction with other entities. A number of training seminars occurred in late 1997 to assist judges and court staff in preparing for implementation of the family division. Ongoing training

Staff and Provider Training

addresses issues related to child abuse and neglect and how they are addressed in the context of the family division.

Some training seminars have been dedicated to child welfare issues related to the CIP goals, while others have focused on them as part of a more broad-based seminar. Training seminars (MJI responsible for the training unless otherwise noted) provided to date have included:

- Juvenile Registers Training - October 1997. Focused on substantive aspects of adoption and permanency; case processing requirements, records management issues, and the impact on these cases due to the family division.
- Probate Registers Workshop (Michigan Probate and Juvenile Registers Association)- October 1997. Focused on adoption and permanency issues and addressed intake and case processing changes due to the family division.
- Juvenile Registers Workshop (Michigan Probate and Juvenile Registers Association) - November 1997. Focused on adoption and permanency issues and addressed intake and case processing changes due to the family division.
- County Clerk Training - November 1997. Necessary for clerks, who are the constitutional record keepers for circuit courts. Focused on all aspects of substantive law related to child abuse and neglect, case processing, form management, records storage and management, and working relationships with judges and court staff.
- Judicial Transition Seminars - January-June, 1998. Training for judges assigned to the family division of the circuit court. Focused on a variety of substantive issues, with emphasis on child protective hearing procedures, docket management, programs and services, and funding sources.
- Family Division Management Team Seminars - January-June, 1998. Multi-disciplinary teams from local jurisdictions attended to assess implementation of their family division implementation plans in the different substantive areas of the family division. Particular emphasis was placed on processing of cases, including child protective proceedings, adoptions, and permanency issues, as they impact different members of the teams.
- Probate Judges Annual Conference - January 1998. A session of the agenda was devoted to an update of the progress of implementation of CIP, review of the assessment recommendations, and feedback from the judges assigned to the family division regarding priority of future implementation efforts.
- Referees Association of Michigan- May 1998. Training for referees on child abuse and neglect issues such as family dynamics contributing to abuse and neglect, child as victim, medical aspects of abuse, forensic evidence, Munchausen's Syndrome by Proxy, and elements of neglectful parents, that may be encountered by hearing referees.
- Family Division Referees Seminars - July-August, 1998. Training contained a segment on hearing procedures in child protective proceedings, particularly critical hearing decisions and their impact on children and families, funding, and permanency planning.
- Child Welfare Leadership Conferences - Through collaboration between the FIA and the SCAO (through the CIP and the MJI) two major statewide conferences were held in September of 1999. The two-day conferences were focused on bringing together a mix of judges, referees, court administrators, social service administrators, front line child welfare workers, prosecutors, court-appointed attorneys for children and parents, and foster parents. The theme of the conferences was "Managing the Chronic Neglect Case". Workshop and

plenary sessions offered ideas and methods to help the entire child welfare system achieve permanency for children within the time frames of Michigan's recently enacted "Binsfeld Legislation", as well as the Federal Adoption and Safe Families Act.

- Family Division Summit - The MJI sponsored a conference for over 400 staff of the Family Division in March 2000. The CIP helped fund a number of the workshops relevant to child protective proceedings, including: Common Issues and Trends in Appeals of Termination of Parental Rights, Alternative Dispute Resolution Methods, Domestic Violence and the Child Protective Proceeding, Family Group Conferencing, Protective Proceedings 101 (for judges and referees new to the Family Division), and the Indian Child Welfare Act.
- Family Division Referees: Abuse and Neglect Seminar - This two-day session in January 1999, was coordinated by the MJI and funded entirely by the CIP. The focus was on abuse and neglect proceedings for new referees and those experienced referees who are new to child protective proceedings. Topics included an overview of Child Protective Proceedings in Michigan, an overview of the Indian Child Welfare Act, and FIA policy and procedure.
- Cases Involving Allegations of Child Sexual Abuse - The CIP funded a small portion of this training held in March of 1999. Although its primary focus was the custody case, many of those in attendance were from the family division of the circuit court who apply lessons from this training to child protective proceedings. Presenters included state experts in child sexual abuse cases. One of the sessions covered the use of a forensic interviewing protocol recently developed by the FIA; another focused on helping courts evaluate expert testimony and case evaluations.
- Attorney/Social Worker Training - This interactive training jointly sponsored by FIA Child Welfare Institute and SCAO brings court-appointed attorneys for parents and children together with caseworkers to discuss relevant law and policy. It presents multiple decision points as it leads the participants to paths for achieving permanency for children.
- Mediation Presentation for Foster Care Review Board Program - Appropriate cases for referral for mediation were discussed with the Foster Care Review Board Advisory Committee in February 2001.
- Mediation Presentation to Probate Judges Conference - Three judges who make extensive use of the PPMP pilot presented to their colleagues in February 2001, along with presentations by CIP staff.
- Probate Judges Specialty Seminar - CIP provided funds for a three and a half-hour presentation to judges on ASFA guidelines for courts in April 2001.
- Court Responsibilities under ASFA - The CIP coordinator presented ASFA requirements to juvenile officers and administrators in April 2001.
- Court Responsibilities under ASFA for Referees Conference - In October 2001, court referees attended training on insuring ASFA compliance.

Staff and Provider Training

2. *Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.*

Foster and Adoptive Parent Training

Training Requirements

Child Placing Agency Licensing Rules require that the certifying agency develop a foster parent training plan with the participation of foster parents. The training plan must provide for all of the following:

- The individual training needs of the foster parents.
- Not less than 12 hours of training to be completed not later than the end of the original six-month licensing period and before the placement of a child. Not more than six hours of the orientation may be included as part of the 12 hours of training.
- Not less than an additional 12 hours of training during the next two years after the original licensing period.
- Not less than six hours of training annually after the time periods specified above.
- The training specified above must address all of the following areas:
 - Characteristics and needs of children.
 - Effective parenting.
 - Behavior management.
 - Importance of the foster child's family.
 - Role of the agency.
 - Emergency procedures, first aid, and fire safety.
 - Preparation of the foster child for independence.

The agency must document all training received by each foster parent. (See [Incidence of Child Abuse and/or Neglect in Foster Care \(Safety Data Element VI\)](#) for specific information on Behavior Management training for foster parents.)

Child Caring Institutional Rules require an orientation for all new employees. Each direct care worker must also participate in a minimum of 50 hours of planned training within the first year of employment and a minimum of 25 hours annually thereafter. The training must include:

- Developmental needs of children.
- Child Management techniques.
- Basic group dynamics.
- Appropriate discipline, crisis intervention and child handling techniques.
- The direct care worker's and the social services worker's roles in the institution.
- Interpersonal communication.
- Proper and safe methods and techniques of restraint.
- First aid.

Each institution must have a written plan of ongoing staff training related to individual job functions and the institution's programs.

FIA Foster Parent Training

FIA contracts with the Michigan Foster and Adoptive Parent Association (MFAPA) to provide foster parent training, foster parent mentoring, foster home support, and communication services. The Foster PRIDE/Adopt PRIDE curriculum is a nationally used, highly regarded training tool. PRIDE stands for Parent Resources for Resources, Development and Education. It is also used in Canadian provinces and several European counties.

Michigan is partnering with four other states (TX, CA, ND, IL) and the Child Welfare League of America (CWLA), along with Governors State University to increase training and learning opportunities for foster parents. The U.S. Department of Education has funded this Learning Anytime Anyplace Program (L.A.A.P). This project will provide an opportunity for foster parents to learn and build new skills via the Internet, CD-ROM, video, and other technology.

During focus groups with foster and adoptive parents, they reported that the MFAPA conferences were very helpful, along with PRIDE training. They reported that they needed more training in grief and loss issues, independent living preparation, mental health issues, sexual abuse training, and local services.

In a mail survey of FIA foster parents, 78% reported that the training they received helped them to care for the children within their home. Fifty-four percent (54%) reported that they needed more training on children's mental health needs.

Michigan Foster and Adoptive Parent Association's Role in Training

For pre-service training, the MFAPA assists a majority of the 83 counties with scheduling and providing Foster PRIDE/Adopt PRIDE Pre-service training, and the train-the-trainer training to keep a pool of trainers, continuously throughout the year. The MFAPA has worked with the PRIDE curriculum to make it fit the new Child Placing Agency and Foster and Group Home Licensing Rules that were effective January 1, 2001, i.e., ensuring that the number of hours required for licensing and the material being covered are adequate. (See [Foster Care Standards](#) and [Foster, Adoptive and Child Caring Institution Standards](#) for more information.) MFAPA works with FIA, private child placing agencies contracting with FIA, and foster/adoptive/kinship support groups to provide in-service training to foster/adoptive parents and kinship providers throughout the year. These trainings are set up based on requests from the various groups. Through a contract with the state, MFAPA provides all materials, childcare and mileage reimbursements, and wages to the foster/adoptive parent trainers. MFAPA helps agencies statewide to fulfill their annual training plan.

Training provided by the MFAPA may occur in an agency, school, a library, a community center, or any other locations deemed appropriate by MFAPA. Training is provided at these various locations statewide. The frequency of training in each of the counties depends on the number of foster/adoptive parents in the area as well as the needs and requests of the agencies and groups.

Staff and Provider Training

All training provided by the MFAPA is intended to build either competency or skills. Pre-service training provides potential foster/adoptive parents and providers with a broader knowledge base with a spectrum of subject matter being covered and a beginners skill level being established. In-service trainings are intended to give the participant a much more in depth knowledge and/or more concrete skills in dealing with specific subjects (i.e., discipline, children with reactive attachment disorder, etc.)

Competencies covered in PRIDE pre-service training include:

- Protecting and nurturing foster children.
- Meeting developmental needs and addressing developmental delays (specific emphasis on attachment, loss, and discipline).
- Supporting/strengthening child/birth family relationships.
- Connecting children to safe, nurturing relationships intended to last a lifetime.
- Working as a member of a professional team.
- Understanding the foster care/adoption system.
- Planning for change.

MFAPA has a number of regular in-service trainings. They will also work with an agency or group requesting a topic that is not regularly offered. In-service trainings include:

- a) Love and Logic parent training is a seven-module training. Training time depends on the number of modules requested by agency. These trainings are offered at various locations throughout Michigan.
- b) Cultural Competency mini-training is a three-hour training that is provided during the year to foster/adoptive parents, mentors, and support groups statewide. The primary curriculum for this training was developed by Spaulding for Children for use by MFAPA. The Cultural Competency training includes practical parenting techniques such as black hair care and skin care.
- c) PRIDE Core Module 2 training—"Using Discipline to Protect, Nurture, and Meet Developmental Needs," is a nine-hour training that is provided to foster parents statewide. This training was developed by the Child Welfare League of America and has FIA approval.
- d) Parenting Time training is a half-day training that is provided to foster parents statewide. This training curriculum has FIA approval.
- e) Attachment is a one-day training that is provided to foster parents statewide. This training curriculum was developed by Wanda Villet.
- f) Early Childhood Development, a one-day training that is provided to foster parents statewide. The training curriculum on this topic was developed by the FIA. An emphasis of the ECD training includes the incorporation of Touchpoints as a process of working with and strengthening families.
- g) Working with Kinship Families: Foster Parent's Role in Family Group Decision Making, is a three- to six-hour training developed by MFAPA master trainers based on Kinship curriculum developed under previous grant work and pilot program of FIA. (See [E. Service Array and Resource Development - Family Group Decision Making](#) for more information.)
- h) Fetal Alcohol Syndrome/Fetal Alcohol Exposure is a one-day training. The training curriculum on this topic was developed by FIA with post adoption funding last year. The primary trainer of this curriculum is Barbara Wybrecht, R.N.

Staff and Provider Training

- i) Record Keeping and Child Development is a three- to six-hour curriculum that has two distinct aspects—teaching foster parents to record progress of children in care and expanding the foster parent’s knowledge of typical child development.
- j) Rights and Responsibilities of Foster/Adoptive Parents is a three- to six-hour training, that builds on the Michigan Supplement to PRIDE and Legal Issues for Persons in Child Welfare as the curricular basis of understanding what the law and licensing rules require.
- k) Legal Issues for Persons in Child Welfare is a three- to six-hour training, to review the statutory basis for how children enter foster care and find permanency in the system. Different roles in the system are discussed.
- l) Foster Parent-Child Placing Agency Rapport Building is a three- to six-hour training. It teaches the respective responsibilities of foster parents and child placing agencies, the need to build and maintain professional trust and rapport, and strategies for resolving difficulties in order to not damage the teamwork relationship.
- m) Special Evaluation Clinics: At the invitation of the county FIA or private child placing agency, MFAPA provides one-on-one training for foster or adoptive families who have been identified as needing additional training but are determined to be best served with an individualized training approach.

MFAPA uses a variety of methods for determining the success of its training:

1. Course evaluations are collected following each training to determine satisfaction (did participants get what they wanted out of the class, etc.).
2. Following trainings provided by MFAPA, a follow-up is done with the requesting agency or group to determine their satisfaction with the training (would they like to see anything else added/subtracted?).
3. Periodic satisfaction surveys are mailed to training participants to determine their satisfaction with their training experiences.

Qualitative evaluations from the various trainings will be compiled into a global report (especially open ended question asking what new trainings foster/adoptive parents would like offered) and used to determine what subject areas need to be addressed in training. MFAPA also researches and evaluates current trends in training nationally and internationally when developing new training materials.

MFAPA encourages staff (FIA and private agency workers) to attend training with foster/adoptive parents so they are “on the same page.” MFAPA had developed and is starting to train Rapport Building training, which encourages the relationship between the workers and parents. Also, MFAPA encourages and emphasizes teamwork in all of its trainings.

To ensure standardization and quality in its sponsored trainings statewide, the MFAPA developed and implemented a certification and quality control process for all trainers. MFAPA has developed and is currently working on implementing pre-/post-tests to a random sample for the Foster PRIDE/Adopt PRIDE pre-service training to determine the effectiveness of the curriculum. Once the “bugs” have been worked out of the tests, they will be adapted and used for in-service training as well.

Promising practices in the training area are Early Childhood Development Training; incorporation of Touchpoints; establishment of collaborative relationships with agencies and community partners, especially in rural areas; development of vicarious traumatization curriculum, realizing that workers and foster/adoptive parents are impacted by the children they work with.

Adoption Training

Michigan's child placing agency rules require that all adoption agencies provide an orientation for prospective applicants before a family assessment is completed. The orientation includes a review of the agency's program statement, policies and procedures, as well as the services and resources available and any fees or charges. Neither statute nor policy requires adoption specific training for adoptive parents. Fifty-six percent (56%) of the finalized adoptions are with foster parents who have received mandatory training.

Throughout the state, many public and private adoption agencies have formed local coalitions to deliver training to both foster and adoptive parents. The Michigan Adoption Resource Exchange (MARE) provides pre-adoptive training for prospective adoptive families four times a year at various sites throughout the state.

A portion of the Federal Adoption Incentive Award has been used to provide training funds for adoptive parents and local professional training for the past three fiscal years.

- In 2000, 23 adoptive parents received training scholarships; 12 attended the MFAPA Annual Conference; four attended the NACAC Annual Conference, and seven attended Attachment Conferences. Six (6) local professional trainings were funded throughout the state on adoption topics including adoption awareness, post adoption services, cross cultural training and substance abuse training.
- In 2001, 36 adoptive parents received training scholarships; 25 attended the MFAPA Annual Conference; four attended the NACAC Annual Conference; six attended the National Foster Parent Conference, and one attended training on ADHD. Fourteen (14) local professional trainings were funded throughout the state on adoption topics including adoption awareness, sibling bonds, attachment disorders, post adoption services, a teen conference, respite services, and cross cultural training.
- As of June 2002, 51 adoptive parents have been approved for scholarships; 39 attended the MFAPA Annual Conference, two attended an Attachment Conference; four attended a Parenting Conference, and six will be attending the NACAC Annual Conference. Ten (10) local professional trainings have been funded on adoption topics including Fetal Alcohol Syndrome, Attachment, Transracial Adoption, a teen conference, and Adoption Awareness.

The Adoption Division within FIA conducted a statewide survey of public and private adoption agencies in May 2002 to determine what trainings were either required or offered to adoptive families. The results of that survey are being compiled. The initial review indicates that while agencies are providing a variety of trainings for prospective adoptive applicants, the average number of hours devoted to training is minimal. Agencies are covering a wide range of training topics but the actual time spent training is minimal.

E. Service Array and Resource Development

1. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.*

Overview and Services to Prevent Removal

Governor Engler released the “Systems Reform for Children and Their Families” report in 1995. This report was the result of collaboration between agency department heads to strengthen system reform in the state. One of the recommendations was that each local county has one multi-purpose collaborative body (MPCB) to coordinate services within the community. Many communities already had Human Services Coordinating Bodies which became the MPCB. At the state level, the interagency initiative, Putting It Together With Michigan Families (PIT Crew), enables state partners to plan joint initiatives, joint training opportunities, and to share best practices that address the needs of our customers. (For more information on this reform effort, see [Coordination of Services](#).)

Michigan has committed financial, policy and programmatic resources to develop a range of innovative and effective programs to serve children and families. We try to ensure that children and families receive services which are strength-based, community driven, family-oriented and have demonstrated effectiveness. This means our service delivery strategy must provide access, voice and ownership to the children and families serviced in our child welfare programs. The inherent design and philosophy of these interventions are based on:

- Access provides the parent and child with valid options for inclusion in the decision making process that impacts their family. Voice provides the parent and child with the opportunity to have their concerns heard and to ensure that their needs are addressed at all stages in the case planning process. Finally, ownership provides that the parent and child agree with and most importantly, are committed to the plan that is developed to assist them.
- Service providers must view families as partners, as being part of the solution rather than being the problem.
- Programs must be based on sound ecological models, which emphasize working with the family in their natural environment and using their strengths, values and beliefs, as well as those of their community and natural support systems.

Michigan has been aggressive in developing, monitoring, and evaluating programs that comport with these basic family centered philosophies.

Another guiding principle is that the communities in which our families live are active partners with the state, local human service providers, schools, faith community, and families. Outcomes are tied to each service and program. The effectiveness of the programs are based upon the attainment of the outcomes. Several programs have had evaluations done by outside parties to help determine progress towards achieving outcomes. Three broad-based and community-based programs/funding sources that provide the community with voice in the services that are

Service Array

provided are:

- Strong Families/Safe Children (SF/SC);
- Child Safety and Permanency Plans; and
- County Child Care Funds.

Funds for these state programs provide a wide range of services to at-risk children and families.

Examples of specific services that assist children to return home safely are:

- Family Reunification;
- Substance Abuse Task Force;
- services to foster parents;
- Community Restoration; and
- reintegration units.

Strong Families/Safe Children

Strong Families/Safe Children (SF/SC) is Michigan's statewide implementation of the Federal "Family Preservation and Family Support Services" program, retitled "Promoting Safe and Stable Families". The goals of SF/SC are to foster consumer, community, and intergovernmental collaborative partnerships that develop and expand direct services to children and families.

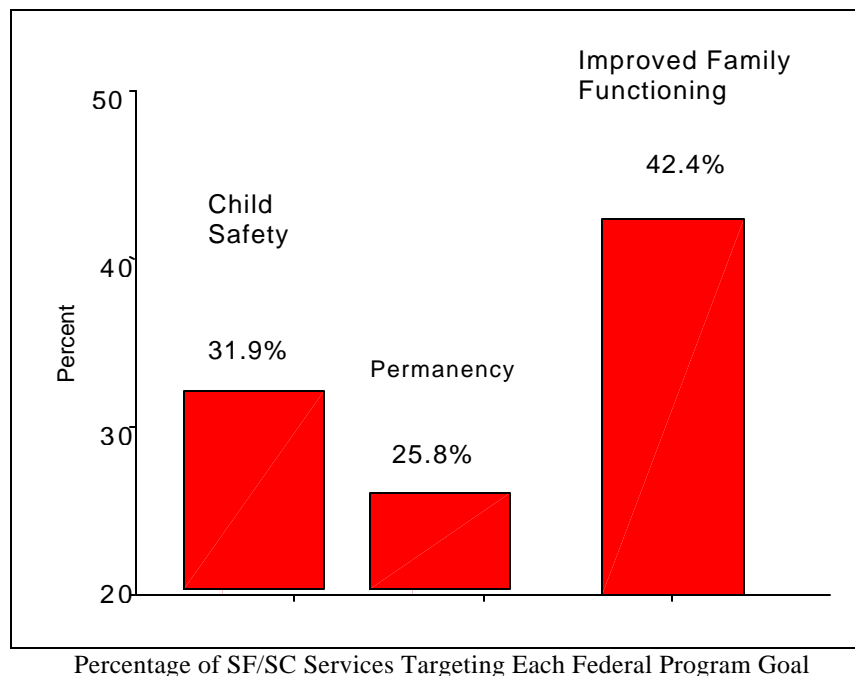
SF/SC services/funds are designed to:

- keep children safe in their home (when appropriate);
- promote family strength and stability;
- enhance parental functioning;
- prevent the separation of families (when appropriate); and
- provide permanency for children.

Services are provided in a collaborative manner. There are 80 Family Coordinating Councils (FCC) that include all 83 of Michigan's counties. These FCCs are the child welfare stakeholders in communities that oversee the development of a coordinated preservation and support services plan using these funds. Each county receives an annual SF/SC allocation. Each county-based FCC is required to develop a local child and family service plan that is reviewed and approved by the state for implementation each fiscal year. SF/SC funds must be used for new or enhanced family preservation, family support, family reunification, and adoption promotion and support services. Individual services identify specific local outcomes tied to the overall federal program goals of child safety, permanency and improved family functioning. The following graph is

Service Array

taken from a report developed for FY 2000 activity and shows the percentage of the number of services addressing each Federal program goal.



Local collaborative groups are expected to track numbers served, identify and assess annual progress on locally determined outcomes/objectives/indicators for each service purchased with SF/SC funds. SF/SC funds purchase over 600 individual and varied services, and each service has specific local outcomes attached. For the fiscal years 2000 and 2001 annual reports, a data system was recently implemented (using the broad categories of child safety, permanency, and improved family functioning) to enable the state to summarize progress towards achievement of local outcomes for all these varied services.

SF/SC also requires that each collaborative report quarterly data on given program outcomes established at the start of the state initiative in 1995. This statewide program evaluation is overseen by the FIA and the Michigan Public Health Institute. Each county collaborative must track and report data on:

- Reductions in the number of out-of-home placements, the incidence of repeat placements, and the length of stay in placements.
- Increase in adoption placements.
- Increase in the number of children immunized.
- Increases in community-based support services to seniors and other relatives raising minor children.

A full interim evaluation report of the SF/SC quarterly data for 1995 through 1998 was completed by Michigan Public Health Institute in September 2000. An Interim Report Summary by the Family Independence Agency summarizes the progress of the statewide program

evaluation. (See <http://www.michigan.gov/fia>, News, Publications & Information, Reports, Evaluations & Studies, Community Supportive Services, for a copy of the evaluation (rev. 6/02).)

From the community plans, examples of the new or enhanced SF/SC services to be provided in FY 2003 include:

- School-based services for children and their families (i.e., Home/School/Community Liaison).
- Respite care, in-home or day-by-day respite arrangements to give parents a break.
- Services that strengthen positive parenting skills and protect children from abuse and neglect.
- Support groups for grandparents/kin caregivers raising minor children.
- Collaborative efforts to placement alternatives targeting delinquent youth.
- Anger management, conflict resolution, and self-esteem programming for youth.
- Counseling services for families/children.
- Neighborhood Resource Centers and One-Stop service centers to meet multiple needs of families.
- Coordinated immunization efforts such as extended clinic hours and outreach programs.
- Mentoring and youth companionship programs.
- School-based, after school programming.
- Family recreation, cultural enhancement, and youth activities programs.
- Healthy Families model services, Healthy Families America.
- Enhanced Early On/Later On program models.
- Teen pregnancy prevention and teen parent/educational support services.
- Wraparound model services for family preservation and reunification.
- Post adoption services to preserve the family unit.
- Early identification and assessment of at-risk infants with transition to service delivery.
- School-based services targeted to high-risk youth and adolescents.
- Adoptive and foster parent recruitment, training, and support programs.
- Time-limited reunification support services.

Child Safety and Permanency Plans

The Child Safety and Permanency Plan (CSPP) process is the primary mechanism used to assist communities to develop continuums of care. Each local FIA office is required to develop a Child Safety and Permanency Plan (CSPP). Funding is made available through an allocation for each county but the allocation is released only after the CSPP is developed and approved at the state level.

A Multi-Purpose Collaborative Body (MPCB) designs the community plans for each county. This group may be the same group as the Family Coordinating Councils (FCC) for SF/SC; although both of these groups are required for each program. The community designs its own services. These plans address the need for county-based programs that will increase safe community alternatives for children at risk of removal from their families. Other goals of the CSPP process are to expedite the return home of children from foster care and to provide for alternate safe placements when children are not able to return home. This process gives local

flexibility to contract with providers to deliver a continuum of child welfare services. Quarterly review meetings are held by the central office Family Preservation Specialist with local office management. These meetings assess the progress toward objectives, services in place or the planned changes needed to achieve the objectives.

County Child Care Funds

The County Child Care Fund (CCF) is a state cost sharing program for reimbursement to local counties for the cost of providing eligible services. Native American tribes are also able to access these funds. The county incurs the expenses and then bills the state for 50% reimbursement of eligible expenditures. Reimbursement is limited to expenditures for services to juvenile justice and abused/neglected youth. The CCF is unique compared with the other state-administered fund sources for youth because the county (court or FIA) controls services and expenditures. The county decides who controls the funds. Central office becomes involved only in assuring that reimbursement is made for eligible expenditures according to established laws, rules and policies. These established parameters have a long history and are generally accepted by counties and courts as reasonable and non-intrusive. An annual plan and budget is submitted by each county to the FIA. A portion of these funds are used to fund out-of-home placements for youth who are not Title IV-E eligible. Other services that may be provided are early intervention services, services to prevent placements or services to expedite an early return home from placement.

Family Reunification Program

The Family Reunification model was developed and tested in Michigan during the 1990s. Based on positive results found in a formal evaluation, Michigan is now making this resource available in those counties with the highest out-of-home care populations. The program is designed to prevent repeat out-of-home placements and to quickly reunify children with their families when out-of-home placement has occurred. The Family Reunification model uses intensive, home-based services to achieve these goals over a period of four to six months. In the counties with this service, policy requires that a referral be made to Family Reunification when a family is reunified, unless the foster care worker determines that the family has no special needs. Over 400 families were served during FY 2001. At conclusion of service, 86% of the families remained safely intact. Sixteen (16) counties currently use this service, including Wayne County. In October 2002, it will be expanded to six more urban counties and will be operational in counties which cover at least 80% of the caseload. Statewide expansion is intended when sufficient funding becomes available.

Substance Abuse Task Force

The Substance Abuse and Child Welfare Task Force was convened in May 1999, by the FIA. The purpose of the Task Force was to examine the issues of policy, funding and services delivery and to make recommendations that would improve services to the parents of children involved with CPS and foster care. The task force is assisting communities in developing protocols between FIA child welfare and substance abuse providers to coordinate better services. They will also assist communities with efforts to educate and train staff in both disciplines on mutual

roles and responsibility and coordination of assessments and treatment. Three (3) counties have implemented a cross-system protocol and several counties in the Michigan are in varying stages of protocol development.

Services to Foster Parents

There are no statewide services for foster parents. Many local agencies provide mentoring services to foster parents and support groups. Foster care caseworkers also provide crisis management services to foster parents who need assistance. Foster parents also have the opportunity to work with a child's therapist if a child is having behavioral problems. From focus groups with staff, FCRB, and CASA it does not appear that supportive services are provided to foster parents on a consistent basis. Training also varies across the state. In targeted foster care case readings, the worker provided services to prevent a replacement in 68% of the cases; although after the replacement, services were being provided to the current caregiver in 90% of the case to prevent another replacement. The Michigan Foster and Adoptive Parent Association (MFAPA) provides one-on-one training for foster or adoptive families who have been identified as needing additional training but are determined to be best served with an individualized training approach.

Juvenile Justice - Community Restoration

Community restoration plans are developed for all juveniles exiting a Bureau of Juvenile Justice facility. These plans are part of treatment and release reports and include expectations for the youth to make efforts to restore the victim and/or community to the quality of life they had before being victimized.

The reintegration plan may include:

- day treatment;
- Multi Systemic Therapy;
- Residential Care Center Services;
- electronic monitoring;
- Michigan Rehabilitation Services;
- college assistance;
- Families First of Michigan; or
- Reintegration Services Enrollment.

Reintegration Programs

The Bureau of Juvenile Justice within FIA provides information, data, and research related to reintegrating offenders from institutional settings to communities. "Hands-on" reintegration services are delivered through six Community Justice Centers (CJCs) that provide low security residential care for three to six months for youth reentering the community from higher security facilities. Job readiness, job placement, educational placement and support, referrals for counseling, substance abuse or sex offender treatment, independent living skills, and recreation are also provided for residential or non-residential juvenile justice youth in the community.

During focus groups with staff and Foster Care Review Board members, a lack of mental health and substance abuse treatment services affected the state's ability to reunify children with their families. Juvenile Justice staff also reported that post-release services by residential service providers are lacking once a youth returns home. (For more information, see [Barriers to Reunification](#).)

2. *Discuss how effective the State has been in meeting the Title IV-B State plan requirement to provide pre-placement preventive services designed to help children at risk of foster care placement remain safely with their families.*

Pre-Placement and Prevention Services

The Citizen's Review Panel on Prevention, the Children's Trust Fund, determined that a major barrier to a comprehensive approach to prevention services in Michigan was the lack of a common language for developing preventive approaches. The Children's Trust Fund (CTF) is the only statewide, non-profit organization in Michigan dedicated solely to the prevention of child abuse and neglect. Since 1982, the Children's Trust Fund has raised over \$60 million and provided support to over 6 million children and families. The Children's Trust Fund funds local Child Abuse and Neglect Prevention Councils (CAN Councils). In addition, the CTF provides grants, through an annual bid process, to fund programs throughout the state that are designed to prevent child abuse and neglect.

Prevention services and programs are part of a continuum of supports, services, and interventions that promote child and family well-being. The goals of prevention services are to:

1. promote social, emotional, physical and intellectual growth in children and their families;
2. reduce the incidence or severity of risk factors that are associated with negative outcomes for children and their families; or
3. eliminate or limit harm to children and families that have experienced serious emotional, physical, educational, safety or health problems.

Prevention programs and services operate at two levels:

1. Primary prevention: Programs and services to promote the optimal development of all children. These programs and services are designed to stop problems before they start. Primary prevention services are voluntary and aimed at the general public, or at entire population groups without identifiable risk factors. The services are available to the general public or large groups, and the cost per individual is generally low. Examples of primary prevention include:
 - prenatal care;
 - childhood immunization;
 - parent education programs; and
 - public awareness campaigns.
2. Secondary prevention: Programs and services to support families and children with identified risks for poor social, emotional, physical and intellectual outcomes. Secondary prevention services are voluntary and aimed at families and children with documented risk

Service Array

factors. Secondary prevention services are designed to lower or counter identifiable risk factors, and prevent negative behaviors or harm. The services are available to smaller, targeted groups and the cost per individual is increased. Examples of secondary prevention include:

- home visitation programs;
- preschool programs for at-risk children;
- EPSDT health screenings; and
- outreach programs.

Prevention programs are designed to promote:

- child and family safety (child abuse and neglect, violence prevention, public safety);
- child and family health (primary health care, health education, etc.); and
- optimal child development and education (child care, early education services, etc.).

Prevention services are one part of a continuum of services that includes: primary prevention, secondary prevention, and treatment/rehabilitation services. Treatment programs or services are aimed at limiting the amount of damage, morbidity, or further abuse once child abuse or neglect has occurred in a given family. While primary prevention programs serve a larger portion of the population, these types of services receive minimal funding. On the other hand, treatment programs serve a small number of individuals and families, but require large amounts of funding.

Pre-placement preventive services are available to CPS customers and are designed as treatment/rehabilitation services. Strong Families/Safe Children (SF/SC) Initiative and Child Safety and Permanency Plan Model (CSPP) can and do provide pre-placement preventive services to keep children at home who are at a risk of removal. Other available pre-placement preventive services are:

- Families First of Michigan
- Wraparound Services
- Partnerships for Safety
- Families Together/Building Solutions
- Family Group Decision Making
- Family to Family

Other available prevention programs and services in the state include:

- Child Protection/Community Partners Program
- Preventive Services for Families (PSF)
- Juvenile Justice Prevention Programs
- Juvenile Accountability Incentive Block Grant (JAIBG)
- Zero to Three Secondary Prevention Program
- Early On®
- Runaway and Homeless Youth Hotline
- Teen Parent Program
- Michigan Teen Outreach Program
- Teen Pregnancy Prevention Project
- Maternal Support Services/ Infant Support Services

Families First of Michigan

Families First of Michigan (FFM) offers families intensive, short-term crisis intervention and family education services in their home for four to six weeks using the Families First of Michigan model. Category I and II CPS cases and foster care cases where children are returning home are eligible to receive FFM services. (See [Five-Category CPS Disposition](#) for more information on the CPS category system.) A referral to FFM can be made up to two weeks before a child is returned home from foster care.

FFM services are available and accessible to the family 24 hours a day, seven days a week. Intervention services include, but are not limited to, both hard and soft services. FFM workers use family assessments to assist families by teaching, modeling, and reinforcing parenting. FFM is a core service in all 83 counties, 10 federally recognized Indian reservations, and through 11 domestic violence shelters. All FFM services and training is contracted with private providers.

Due to the special nature of the populations serviced by the FFM program, intensive training is required for all program staff on the FFM model and strategies used. A statewide training conference is held annually. Each site participates in the Quality Assurance Program. The FFM program has a built-in evaluation component with formalized data collection and evaluation mechanisms that are reviewed regularly. Data is collected on all FFM cases. Reports are generated monthly to local FIA offices and management. In 1998, of 3,649 families served, 84% remain intact, and 16% of children were placed in foster care. Historically (1988-1998), 26,646 families representing 64,128 individuals have been served. The long-term success rate of FFM is 84.4% of the families remain intact.

The outcomes for FFM are:

- Ninety-five percent (95%) of the program participants served will not require an out-of-home placement during program participation.
- Ninety percent (90%) of the program participants will avoid out-of-home placement after three months of termination of the FFM program.
- Eighty-five percent (85%) of the program participants served will avoid placement after six months of termination of the FFM program.
- Seventy-five percent (75%) of the program participants will avoid placement after 12 months of termination of the FFM program.

An audit report from the Michigan Office of Auditor General was issued in July 1998. The overall conclusion of the report was, "We concluded that the Program has generally been effective in providing a safe alternative to the out-of-home placement who are at imminent risk of being removed from the home." The Community Supportive Services Division within FIA has provided an audit response plan document and is currently implementing these activities. An evaluation was also conducted by University Associates. Both of these reports can be accessed on the FIA website at <http://www.michigan.gov/fia>, News, Publications & Information, Audits, 1998.

Families First/Domestic Violence

In August 1994, Families First and the Domestic Violence Board launched a demonstration project making Families First services available to battered women and their children by direct referral from domestic violence service programs. This allowed battered women and their children to receive Families First services without a referral by a child welfare system worker. The intention is not to circumvent children's protective services. Domestic violence service providers are mandatory reporters of suspected child abuse or neglect. The demonstration project recognizes that domestic violence often puts children at sufficient risk of harm and/or homelessness to warrant a Families First intervention. The collaboration is demonstrating that this earlier, intensive, strength-focused intervention at a critical time in a family's life is an effective response to the needs of battered women and their children.

Families First workers help battered women and their children with:

- safety planning;
- independent living issues such as housing, transportation, child care, budgeting;
- parenting issues such as creating a stable parent/child relationship;
- breaking isolation by creating a social support network; and
- linking up with other social services (such as medical, legal, mental health, and drug or alcohol treatment).

Under Phase I of the demonstration project, five sites, serving 14 of Michigan's 83 counties, were established. The sites were selected to include a mix of urban and rural domestic violence service programs, and to provide geographic diversity. To maximize the effectiveness of Families First for battered mothers and their children, additional criteria included a community criminal justice system response to domestic violence, strong ties between the domestic violence service program and the community, and an appropriate intervention program for batterers. Most importantly, however, each of the five communities selected had already begun to develop a coordinated community response to domestic violence.

Due to the positive results in the initial five sites, the demonstration project was expanded to an additional six sites, serving 13 new counties. The number of Families First workers at each site varies from one to four. At the 11 sites, there are 18 workers with the capacity to serve 350 families a year. As of January 1997, 345 families have received services through the demonstration project. At the time of the referral, 313 of the families were residents of the domestic violence shelter; 32 were receiving non-residential services. In 15 of the 345 cases, the perpetrator of domestic violence was living in the home during the Families First intervention.

The Families First worker revisits or contacts (sometimes by telephone) the family at three-, six- and 12-month intervals after the case has closed. In over 97% of the 262 families (with 654 children) visited one year after receiving services, the children were still living with their mothers. Families First/DV Evaluation, a data tracking system, is now in place to collect other results of the demonstration project. Several factors focusing on family safety as well as client satisfaction with Families First services are being evaluated.

Wraparound Services

Wraparound provides services for children and families at risk of out-of-home placement. This service is intended to prevent both foster care and mental health placements. It helps the state to prevent “dumping” of mentally ill children into the child welfare system. The process can be applied to youth living in their own home, with relatives, or in foster care. It is a family-centered, strength-based, and needs driven service. Wraparound is a process based on collaboration and working with community resources. The parent(s) and children are integral parts of the team and must have ownership in the individualized plan.

Wraparound is in approximately 75 counties and was used with approximately 2,000 families during FY 2000. Funding sources are developed through state and local funds, in-kind contributions, and community resources within counties. SF/SC, CSPP and other local community funding sources are used.

There is a state interagency Wraparound Steering Committee to promote the integration of the Wraparound philosophy through all agencies and for the development of a statewide integrated strength-based system of care. Training and technical assistance is provided by the interagency Wraparound Steering Committee. A statewide interagency funded Wraparound Conference is held annually.

Outcome goals for Wraparound are:

- Ninety-five percent (95%) of the families that complete Wraparound will exhibit improved family functioning following the Wraparound process.
- One hundred percent (100%) of the families will have community involvement and knowledge of how to access services as needed after completing the process.
- Ninety percent (90%) of the program participants will remain with their family after returning home from out-of-home placement after six months following termination of Wraparound.
- Eighty-five percent (85%) of the program participants will remain with the family after returning home from out-of-home placement after 12 months following termination of Wraparound.

In May 2002, a Quality Assurance Process (QAP) was implemented statewide in coordination with FIA and Michigan Department of Community Health. This QAP process includes a means to collect the data necessary to evaluate the outcome goals.

University Associates evaluated 22 Michigan Interagency Family Preservation (MIFPI) sites. MIFPI programs provide Wraparound services. This evaluation covered effectiveness and client satisfaction of the wraparound process. Health Management and Associates continued and completed the effectiveness survey, satisfaction survey, and a process evaluation on systems in 1998. (**Attachment C**)

Partnerships for Safety

FIA has contracted with Insoo Kim Berg of the Brief Family Therapy Center, Milwaukee, Wisconsin, to develop a strength based-solution focused interview protocol for CPS workers and supervisors. This Partnerships for Safety protocol has added baseline research aimed at worker/client relationship discovery. There are currently six pilot counties that use this approach: Saginaw, Wayne, Jackson, Clinton, Shiawassee, and Kent. Research is being conducted in Saginaw County and is being used as feedback to workers as they move towards solution-focused case management. A solution-focused interviewing protocol for first visits and follow-up interviews is being incorporated into the CPS policy manual and forms to reflect solution focused strength-based case management. This policy update is slated to be incorporated in the winter of 2002. Program outcomes are:

- Family/client satisfaction with services (individual culturally-sensitive services).
- Reduction in unnecessary out of home placements.
- Reduction of substantiated cases.
- Reduction in referrals and re-referrals.
- Shorter length of stay in foster care.
- Increase linkages to community services and resources.

(All child welfare workers receive training in this Solution Focused Interviewing approach. See [D. Staff and Provider Training](#) for more information.)

Families Together/Building Solutions

Many families with multiple problems come to the attention of the FIA, and are in need of consistent and ongoing services, which will enable them to improve family functioning. The Families Together/Building Solutions (FTBS) program is based on the belief that many families can enhance their well-being and improve safety of the children with the assistance of long-term in-home services. These families, while in need of less intensive services, are not threatened with the risk of imminent removal of a child from their homes; yet, if left without services or access to necessary resources, the family could reach a point of crisis serious enough to threaten family stability and lead to an eventual removal.

The FTBS program is operational in six Michigan counties: Alpena, Presque Isle, Barry, Eaton, Macomb, and Berrien. Counties can use their CSPP monies to fund this program and FIA will provide technical assistance.

The FTBS program is short-term (up to 90 days, with an extension up to an additional 90 days), in-home clinical counseling. FTBS is a moderately intensive, solution-focused approach designed to serve families with multiple problems who could benefit from such services. The FIA is the gateway for acceptance of families for this service, and families may be referred from CPS, foster care reunification, juvenile justice and Preventive Services for Families. This service is voluntary and without regard to family income.

Services may include: building a positive family/therapist working relationship by using solution-focused techniques, developing cooperation and defining the problems to be worked on,

Service Array

collaborative goal-setting, enhancing family functioning through the use of feedback and task-building interventions, enhancing appropriate parenting skills, household management skills, communication and conflict resolution skills, and enhancing the use of community resources and linkages with follow-up services when appropriate.

Program objectives include:

- Develop a structure for the safety of children and all members of the family.
- Generate solutions to the problems faced by the family.
- Identify family strengths, assess and help the family develop goals for improving functioning.
- Examine alternatives and determine options for working on treatment goals.

Program outcomes are:

- Ninety percent (90%) of families referred do not have a substantiated abuse and/or neglect complaint during program participation.
- Ninety percent (90%) of families are satisfied with services at case closure.
- Ninety percent (90%) of families completing services do not require an out-of-home placement within six months of case closure.
- Eighty-five percent (85%) of families completing services do not require an out-of-home placement within 12 months of case closure.
- One hundred percent (100%) of families will exhibit improved family functioning following intervention.
- One hundred percent (100%) of families will be involved in the design and delivery of ongoing services necessary to improve family functioning.

Family Group Decision Making

Family Group Decision Making (FGDM) emerged in New Zealand child and family law in late 1989. It came about as a response to overrepresentation of indigenous Maori children in care. Michigan has adapted this New Zealand concept to work with six pilot communities, both rural and urban, and specifically with Native American families in two counties in the state.

FGDM is based on the idea that all families have strengths and that a child who is found to be at risk by CPS can in many instances, be safely cared for within her/his kinship network. The FGDM philosophy believes families have the most information about themselves and, therefore, can make the most well-informed decisions regarding the safety of their children given support from their families, information and community resources.

Using a team approach between CPS workers and FGDM contracted providers, the process identifies concerned members of the child's kinship and community network and brings them together for a family conference. Using the information given to them, the family goes into the "private family time" segment of the conference where a safety plan for the children is developed by the family's identified network (without any professionals present). A Family Plan emerges that must be approved by the CPS worker and becomes a road map for the family, laying out how members will support and actively participate in providing whatever has been identified as necessary to help the family keep the children safe within the kinship structure. The plans

Service Array

coming out of these conferences are complex, individualized, and, more importantly, have family buy-in. They educate all family members on child safety issues and they represent the support the kinship network can contribute as the family moves toward empowerment.

Michigan is the only state whose model has added an FGDM Advocate to provide active efforts to help the family implement their plan for up to one year. The Advocate holds a common mission with the family via the Family Plan to assist the family in maintaining and strengthening their familial connections as well as modeling and teaching skills necessary to implement their plan successfully.

This model is being used in six pilot counties – Leelanau/Benzie, Charlevoix/Emmet, Washtenaw, Van Buren, Muskegon, and Wayne serving 325 families. It is also active via contracts in Livingston, Kalamazoo, and Kent. Specific and extensive training of FGDM professional staff is an integral aspect of the service delivery model. The Leelanau/Benzie site, which serves only Native American families, had 28 children in care in 1998. Twenty-one (21) of those children were Native American. The Grand Traverse Bay Band of Ottawa and Chippewa Indians has embraced this model and today there is only one Native American teen in care. (This child is in care based on a plan made by the family.) For FY 2000-2001, 194 families have been referred to FGDM, representing over 533 children. Of the 90 cases that closed in that time period, 92% closed successfully with children either at home or with kin. An independent evaluator is currently evaluating this model. This evaluation is scheduled to be completed by October of 2003.

Family to Family

In conjunction with the Annie E. Casey Foundation, FIA has implemented the Family to Family Program in Wayne County FIA -South Central CFS District and Macomb County FIA. Team Decision-Making, the first phase of the Family Case Review Process, will be used in cases which involve the possible removal of children. As the process evolves, the Family Case Review Process will be expanded to include other case situations.

Family Case Reviews (FCR) are multi-disciplinary meetings that involve the family, their support system, and professionals involved with the family. The meeting is a sharing of all information about the family which relates to the protection and safety of the children and the overall functioning of the family. The goal is to reach consensus about a placement plan for the children. The Family Case Review is held as soon as possible, ideally within 24 hours after placement, but at least within five days. After a thorough case review focused on the level of risk, a complete identification of the family strengths/needs/resources and a review of the needs of the children, a Placement/Safety Plan is developed. (See [Foster Parent Recruitment](#) for more information.)

Child Protection/Community Partners Program

The legislature approved the Child Protection/Community Partners program based upon recommendations of the Children's Commission led by Lt. Governor Connie Binsfeld. FIA was authorized to allocate funds to local Multi-Purpose Collaborative Bodies (MPCB) to address

issues raised in the Commission's report of July 1996. (See [B. Case Review System](#) and **Attachment A** for more information on the Binsfeld Commission.) Priority is given to activities and services that are directed to at-risk children and families where there is a preponderance of evidence finding of child abuse or neglect (category III); or where there is no preponderance of evidence finding of abuse or neglect (category IV) investigated by CPS within the previous 18 months. (See the [Five-Category CPS Disposition](#) for information on the CPS category system.) There can be no risk of removal to access these services. Funding was allocated to each county through the MPCB. Each county received a base amount and the balance was distributed based on 4 variables: (1) county's relative share of children in the general population; (2) children receiving food stamps; (3) "screened out" CPS calls; and (4) unsubstantiated CPS cases.

The process requires each local MPCB to convene a stakeholder workgroup, co-chaired by an FIA-CPS staff and a consumer of service (parent) and CPS mandatory reporters. The workgroup develops a three-year plan that coordinates with current community plans, such as the Strong Families/Safe Children five-year community plan and Children's Trust Fund. Plans are forwarded to FIA central office for review. The plans include, but are not limited to, homemaker/parent aide, parent education, counseling, and flexible funds related to family services. The plans must focus on the outcomes of:

- reducing CPS re-referrals;
- improving the safety and well-being of children; and
- improving family functioning.

Preventive Services for Families (PSF)

Preventive Services for Families (PSF) is designed to preserve and strengthen family functioning in order to prevent child abuse and neglect. These services are provided by Family Independence Specialist (FIS) workers who administer the TANF program in Michigan. It is available in all 83 counties in Michigan. Anyone applying for Family Independence Program (FIP) benefits is eligible to receive prevention services based on what the FIS worker sees in the home. Referrals also come from the community or from CPS category IV or V. The goal is to assist families in recognizing their potential to improve family functioning. By developing and maintaining a support network with friends, relatives and the community, parents can provide a loving and nurturing home for their children. The program builds on the family's strengths to develop a plan with the family and teach them the needed skills to strengthen their family on their own. Participation in PSF is voluntary.

PSF is intended to help families who want help and/or have been identified at risk for child abuse/neglect, but where actual abuse/neglect is not presently occurring. Early intervention in family problems related to abuse and neglect will help to improve family functioning, thereby resulting in fewer referrals to CPS and allowing children to remain in their homes.

Juvenile Justice and Delinquency Prevention Programs

The Federal Juvenile Justice and Delinquency Prevention Act (JJDPA) provides funding to local units of government for the complete spectrum of programs designed to prevent juvenile delinquency and to improve juvenile justice services. During 2002, there were approximately 60

JJDPA funded programs in Michigan. Community collaboration is recommended. These juvenile justice and delinquency prevention programs include, but are not limited to, the following:

- Reducing minority over-representation in the juvenile justice system.
- Gender specific programs.
- Community-based services.
- Jail removal programs.
- Advocacy activities for improving services and protecting the rights of youth.
- Gang, drug and youth violence prevention.
- Programs designed to prevent and reduce hate crimes.

Juvenile Accountability Incentive Block Grant (JAIBG)

This program is funded through the U.S. Department of Justice and is designed to promote greater accountability in the juvenile justice system. These grants are dispersed to local units of government for development and implementation of approved programs. Each eligible unit must establish a Juvenile Crime Enforcement Coalition and a Coordinated Enforcement Plan for reducing juvenile crime. Twelve (12) juvenile justice program areas are specified for funding eligibility.

Zero to Three Secondary Prevention Program

The Zero to Three program is designed to promote strong, nurturing families and to prevent child abuse and neglect for families with children birth to three years of age. Secondary prevention provides intervention to families where child abuse or neglect has not taken place, however, the probability of abuse is greater than in the general population. This program is a collaborative effort of the FIA, the Michigan Department of Community Health, and the Michigan Department of Education. Zero to Three is a competitive grant program available to all counties. Currently 46 counties have a secondary prevention grant.

Contracted services are provided for birth screenings, home visits, parent education/mentoring, respite and child care, accessing community services, and other support services. Technical assistance is provided by the Children's Trust Fund (CTF). CTF also provides trainings, resources, and clearinghouse materials to grantees. CTF is also the lead resource contact for the Zero to Three agencies and maintains a database on prevention programs.

The outcome objectives for the program are:

- Foster positive parenting skills.
- Reduce child abuse and neglect.
- Improve health outcomes for infants.
- Improve school readiness.
- Identify children with developmental delays.
- Increase access to services.

Service Array

Results of an evaluation of the Zero to Three programs during calendar year 2001 include the following:

- Over 90% of the families have had no involvement with child protective services during 0-3 services.
- Families who complete 0-3 funded services were over four times less likely to have substantiated referrals to CPS.
- Ninety-six percent (96%) of the overall state decrease in out-of-home placements due to child abuse and neglect occurred in 0-3 funded sites.
- Over 90% of the families served have a primary health care provider.
- Over 80% of the children age 0-3 served have full immunizations.
- Over 80% of the children age 0-3 served have had all of their well child visits.

A new data collection form has been developed to measure outcomes related to the following on an ongoing, quarterly basis:

- Primary health care provider.
- Age-appropriate immunizations.
- Well-child visits.
- Prenatal visits.
- Age-appropriate development milestones.
- Parental satisfaction.

Early On®

Early On is an interagency supported system of early intervention services to families with infants and toddlers with developmental delays or established conditions. The FIA joined with the Departments of Education and Community Health in creating an Interagency Agreement under PL 102-119, Part C Legislation. Early On promotes the health, well-being, and developmental competence of infants and toddlers, age birth to three, through the creation of a comprehensive, integrated early intervention system for eligible infants and toddlers and their families. (See [Educational Status of Children](#) for more information.)

Runaway and Homeless Youth Hotline

FIA contracts with a private agency to provide a crisis intervention hotline for runaway homeless youth. The agency provides crisis intervention services on a statewide level for runaway and homeless youth, adult exploitation and abuse/neglect, and child abuse and neglect. The agency must transfer callers directly to the local FIA CPS or adult protective services (APS) office or to their nearest runaway or homeless youth shelter. The service utilizes a statewide toll free number. The line currently receives 20,000 calls a year. This service provides a safe and efficient path for at-risk youth and adults to access community services or assistance. Without the crisis lines, at-risk callers would be in greater jeopardy of harm. The contractor also provides: training for staff, community information and networking, and prevention services to any individual requesting assistance.

Teen Parent Program

The Teen Parent Program model was designed to provide a comprehensive services delivery system to address all of the risk factors associated with teen parenting. This service is available in 18 counties. These counties are: Berrien, Calhoun, Chippewa, Clare, Genesee, Ingham, Jackson, Kalamazoo, Kent, Lake, Montcalm, Muskegon, Newaygo, Oakland, Ogemaw, Saginaw, Van Buren, and Wayne. It is not a pilot program; the communities that were selected for this service had a high teen pregnancy rate. This program embraces the basic FIA philosophy that emphasizes child well-being and family preservation. A child is generally nurtured best in his/her own family and every effort must be made to provide services to strengthen a family unit. Teen parent services are organized to assure that teen parents receive services that will strengthen their capacity to meet the financial, nutritional, psychological, developmental and general health needs of their children. The program ensures that all existing community resources, public and private, are fully utilized and are not duplicated with teen parent funds. The father's parental responsibility is also part of the service planning process.

Youth under the age of 21 who are TANF eligible can obtain teen parent services. The goal of the Teen Parent Program is to provide an opportunity for teen parents to participate in comprehensive community services that will enhance self-sufficiency and independence, prevent child abuse and neglect and discourage repeat pregnancies. Services are directed toward assisting teen parents with achieving economic and social independence through direct linkages in the community.

Michigan Teen Outreach Program

The Michigan Teen Outreach Program (MTOP) strives to increase the number of adolescents in Michigan who are making positive choices. Through participation in service learning and abstinence education interventions teens learn to abstain from risky behaviors, including sexual activity and the use of alcohol, tobacco, and other drugs. MTOP programs target youth between the ages of 12 and 18 years. A parent education component will also be implemented to encourage parents to communicate openly with their children about issues regarding sexuality. A Community Advisory Steering Committee that is representative of the community ensures that programming is implemented that truly meets the specific needs of that community.

Five (5) community-based organizations are currently funded. These include: Arab-American and Chaldean Council, Child and Family Services of Muskegon, Genesee Coalition of Adolescent Pregnancy, Parenting and Prevention, Shiawassee County Health Department, and Wedgwood Christian Youth and Family Services of Kent County.

Teen Pregnancy Prevention Project (TP3)

Michigan is using TANF funds for the Teen Pregnancy Prevention Project (TP3). The goal of the Teen Pregnancy Prevention Project (TP3) is to focus intensive efforts on communities that have high numbers of teen births. The target population is youth aged 13 to 19. There is a strong recommendation, based on teen pregnancy prevention research, that each member of the target population receives a minimum of 14 hours of services. Communities are also asked to

Service Array

target “high-risk” youth, including pregnant and parenting teens, in order to prevent repeat pregnancies.

Communities that receive TP3 funding have implemented a broad range of research-based programs, including school-based reproductive health education, case management for pregnant and parenting teens, service learning, mentoring, “teen friendly” family planning, support groups, high-risk hour programming, faith-based prevention programming, and efforts to change community norms.

Agencies delivering these services include local health departments, school systems and intermediate school districts, community agencies, local FIA offices, hospitals, and faith-based organizations. Each community determines its fiduciary agency, which then distributes the funding based on a strategy outlined in a community plan approved by Michigan Department of Community Health. The programs are located in eight target communities across Michigan including:

- Berrien County;
- City of Detroit (two sites);
- Genesee County;
- Jackson County;
- Muskegon County; and
- Wayne County (two sites).

The state has funded an intensive evaluation effort, through a researcher at the University of Michigan, in order to look at intermediate and final outcomes of the program.

Maternal Support Services and Infant Support Services

Maternal Support Services (MSS) and Infant Support Services (ISS) are Medicaid funded programs targeted to high risk families at risk of poor birth outcomes and/or infant mortality. MSS/ISS services are offered statewide. They are intensive, home and clinic based services provided by a team, consisting of a nurse, social worker, and nutritionist.

MSS services include health education, child birth/parenting education, breastfeeding support, counseling, nutrition, social casework, transportation, care coordination, referral, and follow-up. One (1) assessment and up to nine professional visits can be arranged. Services are provided through the pregnancy and up to 60 days postpartum.

ISS services are provided to Medicaid eligible infants' families. One or more factors must be present for an ISS referral: abuse of alcohol or drugs, smoking, mother under age 18 with no family support, history of abuse or neglect, failure to thrive infant, low birth weight, low functioning mother, homeless or dangerous home environment, or any other conditions that place the infant at risk of death or significant illness/impairment. The ISS team and services are the same as MSS, except that an infant mental health specialist is an optional team member. If the family has an open CPS case, close coordination with CPS is required of the care team during the provision of services.

Service Array

One (1) in-home assessment and up to 18 professional ISS visits are billable to Medicaid. Reauthorization by the child's primary physician is required after nine visits. A total of 36 visits are available to drug exposed infants. One (1) parenting education class is billable, provided the parent attends at least half of the sessions.

4. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.*

Permanency Services

Strong Families/Safe Children (SF/SC) and Child Safety and Permanency Plan (CSPP) program funds allow for the purchase of services to help move children out of the foster care system and into permanent homes. Michigan has a variety of services that are designed to place children for adoption. There are a number of independent living services for children who are not able to return home or for whom adoption is not a permanency option. There is also a guardianship pilot in two counties.

Adoption Services

Michigan effectively utilizes a public and private partnership to achieve permanency through adoption for waiting children. In FY 2001, 90% of the finalized adoptions were with relatives or foster parents. Children for whom no family is identified are photolisted on the Michigan Adoption Resource Exchange's (MARE) monthly publication, as well as an Internet web site. Michigan's performance based adoption contracts provide a financial incentive to private contractual agencies that actively recruit families to adopt children from the MARE photolisting. Michigan has had a policy in effect for seven years that requires the child's adoption worker to facilitate adoption planning within 10 days of being contacted by an agency (from any jurisdiction) that has an approved family interested in a MARE child. (For more information on adoption placement, see [Adoption Recruitment](#) and [Achievement of Adoption \(Point-in-Time Data Element X\)](#).)

The Adoption Federal Incentive Award provides funding for post adoption parent trainings, adoption awareness campaigns, crisis intervention services, family stabilization in-home services, wraparound services, educational advocacy, mentoring and support groups for adoptive families, and camp scholarships. Funds received through the Federal Adoption 2002 grant will be directed to initiate and/or enhance post adoption support and family preservation services. Services were designed to meet identified parent needs and enhance worker training. They were:

- In FY 2001, \$1.2 million was expended with incentive funds for post adoption services and training.
- Four (4) contract awards for post adoption services were continued.
- Two (2) awards were made to local FIA offices.
- Grants were awarded to assist in the costs of statewide conferences. (See [Adoption Training](#).)

Service Array

- The incentive award funded the following additional services:
 - Post Adoption Support Services: 1,530 summer camp scholarships, 36 parent training scholarships, crisis stabilization, statewide informational pamphlets, and adoption record restorations.
 - Professional Training.
 - Adoption Program Office Support.
 - Projects to Reduce Barriers to Adoption.
 - Michigan State University, School of Social Work, completed an evaluation of existing Post adoption Support Services.

Cross-jurisdictional resources in Michigan effectively utilize a public and private partnership to achieve permanency through adoption for waiting children. In FY 2001, many children were adopted across county lines. Also, 39 Michigan children were adopted out-of-state, and 33 out-of-state children were adopted in Michigan. In FY 2001, two outstate adoption contracts were negotiated for the placement of Michigan children. (For more information on barriers to adoption and efforts to resolve them, see [Resolving Barriers to Adoption](#).)

Independent Living Services

Michigan assures provision of independent living preparation services to all youth in foster care from age 14 through age 20, even if the youth's case is closed. Independent living preparation activities are required regardless of the child's permanency planning goal. Independent living preparation skills are assessed for each youth as being adequate or inadequate on the Child Needs and Strengths Assessment. Youth have an active role in designing their own program activities that prepare them for independent living and accepting personal responsibility for achieving independence through the creation of a written plan. Services are tailored to comply with the Chafee Independent Living Act. Counties must coordinate with existing community-based services and with other government and private agencies to provide independent living services to eligible youth. Youth in Transition funds are provided to each county to provide independent living services. (Michigan's Chafee Foster Care Independence Program State Plan can be accessed at <http://www.michigan.gov/fia>, News, Publications & Information, Reports, State Plans & Federal Regulations.)

Only those independent living services funded with monies from the Chafee Act are tracked at this time. The plan is to incorporate the Chafee independent living data requirements into our SACWIS system. During targeted case readings, 46% of the youth age 14 and older were assessed for independent living needs as part of the Child Strengths and Needs Assessment. It was found that workers were missing this part of the assessment. Changes are being made to the form to make the assessment requirement more evident. Independent living preparation services were provided to these youth in 71% of the cases. Eighty-five percent (85%) of the youth were involved in the development of the plan.

As part of Michigan's Child and Family Services self-review, several youth were interviewed, who are ages 14 or older, to assess the presence and effectiveness of the independent living services that are being provided on a statewide basis. Responses to the interview questions are summarized below.

Service Array

All youth interviewed knew who their workers were. The majority of the youth see their caseworker on a regular basis within the parameters of foster care policy but ranging from one time per week to one time per month. These youth indicated that their FIA workers treat them with respect and are responsive to their requests for assistance.

All youth reported receiving some type of service designed to help them live independently. The range of services mandated by the John H. Chafee Independent Living Act of 1999 are being provided, however, most youth did not report receiving all of the services. Educational services, both formal and informal, are being provided to all youth interviewed. They reported that they receive encouragement from their workers to remain in school and complete their high school education. All youth interviewed plan to complete their high school education. Some of the youth have goals to pursue post-secondary educational and they were informed of the available resources to complete this goal.

Most of the youth received informal independent living services at home from either foster parents or kinship care providers including shopping, cooking and household cleaning/maintenance skills. Some foster parents are assisting the youth with money management and budgeting skills as well. (See [Foster and Adoptive Parent Training](#) for information on independent living training for foster parents.)

Some youth were currently working or looking for work during the summer months. No one reported receiving formal employment services. Most youth reported receiving preventive health/hygiene and substance abuse and smoking avoidance services in school. Youth also reported receiving money management and budgeting skills in the Economics class of their school.

Some youth indicated that there was not enough money allocated for clothes.

Most youth knew what a mentor was but few had formal mentor relationships. For some youth interviewed, their 'mentor' was their foster parent or kinship care provider.

Most youth have not been involved in focus groups to evaluate Michigan's independent living program. Some youth were enthusiastic about the focus group concept and thought they would like that type of involvement.

Kinship Care and Family Preservation

In February 2000, three district offices in Wayne County began a pilot program called Kinship Care and Family Preservation (KCFP). The program provides both formal and informal relative providers who have or are seeking guardianship with \$276.00 in TANF funds versus \$133.00 that relatives normally receive. This program increases the daily rate paid to kinship caregivers from \$4.37 to \$9.07. Legal assistance is being provided to the relative seeking a guardianship arrangement. Assistance in a financial crisis and with start up costs associated with the kinship placement is also being provided. If the child is placed in a formal kinship placement under the jurisdiction of the court, reunification and adoption must first be ruled out. Voluntary

caseworker services are being provided to the families to stabilize the placement. The Detroit Area Agency on Aging is also providing services and support to grandparent caregivers. This project ended in February 2002. A final report on the effectiveness of the program is due by July 2002. If the pilot is a success, it may be expanded statewide; although recent budget constraints may prevent expansion of this program. Kent County also has a Kinship Care pilot.

4. *Describe the extent to which all the services in the preceding items 1–3 are accessible to families and children on a statewide basis.*

Service Accessibility and Evaluation

Michigan has a variety of services to meet the needs of children and families. The services are community-based and designed to meet the cultural needs of the community. There are also a number of pilot projects. There is a commitment by FIA to redesign the child welfare system using the principles of the Family to Family initiative. This is a strength-based, community driven service, which encompasses the philosophies of FIA.

Michigan's Strong Families/Safe Children is a statewide, community-based initiative. Local child and family services funded by SF/SC are community-based and designed to be accessible to families based on need of the service. Referrals and links to other service providers and increased knowledge amongst stakeholders and service providers about service resources within a community has assisted in making services available and accessible to families.

Contract coordinators within FIA's Field Operations Administration facilitate local office efforts to maintain local contracts for human services. This activity includes helping the local office determine if the service can be provided by contract, what the appropriate funding source would be, and if there is sufficient funding for the service. The coordinators help the local office with all steps required to establish the contracts in the proper format, monitor the performance of the contractor, and evaluate the results of the service provided.

Within FIA's Child and Family Services Administration are program specialists who develop centrally held contracts for services to be available for local office use. These specialists monitor the performance of the contractors and evaluate the outcomes of the services provided. They provide reports to the Field Operations Administration that help the local offices work with community planning groups to ensure that services are provided locally as needed.

In the future, Michigan's new data warehouse computer system will be able to track services by referral and determine their effectiveness in keeping children safe and providing permanency.

During focus groups with staff, they reported there has been a great deal of improvement in the number and quality of services available to families within the last 10 years; although this varies by community. Rural counties have fewer services than urban. They also report the need for more contracting money. The process to develop contracts is difficult and time consuming; not all counties have a staff person who is responsible for this process. There needs to be more

Service Array

flexibility in the way services are provided at the local level. The contracting process tends to reduce flexibility in services. Staff are also confused when determining what service is available to a particular client, e.g., is a CPS case eligible to receive Zero to Three services. Determining what funding source is used to pay for a particular service is also confusing, along with the paperwork requirements which are time consuming.

CASA and Foster Care Review Board members report that there continues to be generic service plans for children and families in foster care. They believe that there needs to be more individualized service plans and services. Parents reported that their greatest unmet needs were housing and family counseling. There is a great deal of emphasis placed on Family Preservation and prevention services in Michigan. Therefore, children who are removed frequently come from families with serious problems, e.g., substance abuse, domestic violence and serious problems with attachment, bonding, and parenting. These issues were identified by staff and CASA members in focus groups and by the FCRB 2000 Annual Report as having an impact on reunification rates. (See [Services to Prevent Removal](#), [Barriers to Reunification](#), and [Mental Health Care for Children](#) for an analysis of barriers.)

Private contract providers report that there has not been an increase in the amount paid for Families First and fair market rate counseling services in Michigan in 10 years. It makes providing these services more problematic, as the private agencies must raise funds from corporations and others to continue to fund these programs. With the downturn in the economy, this is more difficult. Furthermore, private agencies cannot provide a competitive salary for their employees.

With the TANF block grant, the Title IV-E eligible foster care population has significantly decreased in Michigan. Many families are not eligible for the former ADC program. This has resulted in an increase in expenditures for out of home care from the County Child Care Fund. This leaves fewer funds for services. Budgetary problems within the state have also reduced funding for services for the fiscal year 2003.

F. Agency Responsiveness to Community

- 1. Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan (CFSP). In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.*

Consultation on Michigan's Child and Family Services Plan

Michigan consults and coordinates with two formal committees on the development and implementation of its Title IV-B, Child and Family Services Plan (CFSP). These committees are the three Citizen Review Panels and the Native American Task Force. [See #4](#) below for information on the Native American Task Force. Michigan's CFSP state plan can be viewed at <http://www.michigan.gov/fia>, News, Publications & Information, Reports, State Plans & Federal Regulations.

Informal collaboration on the objectives and initiatives of the plan are developed, implemented and monitored in conjunction with community and state level stakeholders. [See #2](#) below for more information on these efforts.

Citizen Review Panels

Citizen Review Panels (CRP) were created to provide an opportunity for citizens to aid in ensuring that states meet the goal of protecting children from abuse and neglect. The expected outcomes are increased community awareness, evaluation of strengths, weaknesses and challenges in the child welfare services delivery system, and promotion of creative problem solving. The CFSP plan is shared with these committees for their input. Ongoing meetings monitor FIA's compliance with the plan.

Panel membership is composed of volunteers broadly representative of the state and community. The majority of members are from outside the public welfare system.

Each panel must:

- Evaluate policies and procedures of state and local agencies and the effectiveness of the state agency in fulfilling its child protection responsibilities.
- Review coordination between the state CPS and foster care and adoption programs.
- Review child fatalities and near fatalities.

Panels may choose to do in-depth, or less extensive reviews of these issues and may add issues. The three panels combined must provide a complete picture of the state's CPS system. Each panel meets at least every three months. The panels have access to case information and members are bound by the confidentiality restrictions of Child Abuse Prevention Treatment Act (CAPTA).

Agency Responsiveness to Community

Michigan has built on the work currently being done by three existing groups to fulfill the citizen review panel requirements. These entities were chosen because they were already performing functions required by CAPTA and because they had the capacity to meet the intent of the federal legislation. The three groups are:

1. Children's Justice Act Task Force
2. Children's Trust Fund
3. Child Death Review Advisory Committee

In order to ensure that the three CRPs fulfill federal requirements, and that they do so in a coordinated manner, a Steering Committee was established. The Steering Committee was comprised of the chairpersons of the three CRPs, staff from FIA's Child and Family Services Administration, and staff from the FIA's Office of Legislative Liaison Services.

The CRP's Steering Committee conducted a focus group to identify specific weaknesses and challenges to effectively fulfilling the responsibilities for child protection in a coordinated manner. Over 100 individual issues were identified. These issues were organized into 10 clusters. The Steering Committee reviewed the clusters and recommended that the three CRPs address specific clusters. The CRPs agreed to work on these clusters. The CRPs and the clusters which they will address are as follows:

Children's Trust Fund – The central focus of this CRP is prevention of child abuse and neglect. This CRP has a holistic approach noting that the prevention of child abuse and neglect is a community responsibility. The three cluster areas of the group are:

- Prevention;
- Assessment and Evaluation; and
- Customer Satisfaction.

Children's Justice Act Task Force – The main focus is on the strengths, weaknesses, and challenges of ensuring that the best interests and special needs of children are met when they are placed in out-of-home care. The three cluster areas of the group are:

- Collaboration and Partnership;
- Policies and Procedures (also FIA issues); and
- Court.

Child Death Review Advisory Committee – The current focus is on the examination of individual cases of child deaths. The three focus areas of the group are:

- Medical;
- Services; and
- Workers.

For more information on these efforts, see [E. Service Array and Resource Development](#), [Safety Assessment](#), [Permanency Assessment](#), and [Child and Family Well-Being Assessment](#).

Agency Responsiveness to Community

- 2. Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.*

Coordination of Services

A task force was appointed in 1994 to investigate what would be needed to increase cooperation and collaboration between Michigan's human service agencies. Members included people from all agencies as well as stakeholders not in the service of the agencies. The recommendations of that task force were documented in the "Systems Reform for Children and Their Families" report which was signed by the directors of education, public health, mental health, aging and social services. Governor Engler released the report in 1995. This report is the blueprint for coordinating services between agencies, as well as between agencies and communities. It stressed the need for collaboration between agencies and a commitment to family centered practice.

Putting It Together With Michigan Families (PIT Crew) is the initiative implementing the recommendations of the report. A state level collaborative body known as the PIT Crew reflects the Multi Purpose Collaborative Body (MPCB) created in each county. Committees were created to address financial issues, technical assistance, and evaluation. The Barrier Busters committee was formed to address policies that prohibited collaboration.

The PIT Crew serves as an umbrella organization that covers all human services. It ensures that agencies are aware of each other's activities. Today the PIT Crew continues to meet at least nine times a year and has representation beyond the human service agencies, now including licensing, housing, career development, and budget agencies. Still meeting is the Technical Assistance Workgroup and Barrier Busters. A special committee to address housing issues has been added.

Multi Purpose Collaborative Bodies (MPCB) are found in all of Michigan's 83 counties. They are responsible for developing the community alliances necessary to meet local needs. Funds from the state to support the MPCBs are often in the form of competitive grants that encourage innovative responses to community issues. Focus groups were held in April 2002 which showed that MPCB's approach to working together and working with different funding sources is as varied as the groups themselves. From that, a goal of the PIT Initiative was achieved: local issues are best addressed by local solutions.

In June of 1996, the Evaluation Workgroup proposed that the initiative develop an outcome based evaluation that would address, 1) the impact of systems reform; 2) the degree of collaboration being achieved at the state and local level; and, 3) the need for communities to have information on which to base decisions. Strength-based outcomes and indicators, called promotional indicators, were developed to assess better positive outcomes of collaborative efforts. Within a few years, this attempt at coordinated evaluation was abandoned for financial reasons. The initiative now relies on data from each agency and specific collaborative efforts such as Strong Families/Safe Children. Many of those initiatives have evaluations similar to that recommended by the PIT Evaluation Workgroup. (See [E. Service Array and Resource Development](#).)

Agency Responsiveness to Community

Information and Action Advisories are used to communicate and coordinate service delivery. Advisories are irregularly sent to all stakeholders to announce opportunities, change, and present best practice. All advisories can be found at the Internet web site, <http://www.michigan.gov/mdch>, Pregnant Women, Children & Families, Community Collaboratives (PIT Crew), Guidance for Collaboratives, of the initiative. One of the early advisories defined family centered practice as the core philosophy of the initiative.

In that spirit, Michigan has been awarded a Robert Woods Johnson Foundation grant to participate in the STATES Initiative with Family Support. Participation in the grant began as and remains an interagency collaboration. The grant is supporting seven pilot sites that are working to increase the extent of family centered practice at all levels. This includes an attempt to develop a “no wrong door” system to deliver services to families.

A Technical Assistance Group (TAG) has provided training to communities and state level staff in the area of family engagement, parent leadership, family support, community building, assessment and evaluation. TAG membership includes people at the state and community level. TAG activities provide an additional method of communication between the state and community collaboratives.

Michigan’s implementation of MICHild (the name of Michigan’s CHIP initiative) is a good example of how PIT works. MICHild began with Michigan Department of Community Health as the lead agency taking responsibility for processing applications. An Action Advisory announced that \$1,335,000 was being made available for grants to develop plans for marketing and outreach for MICHild. Communities developed proposals that addressed approaches that were appropriate to their locality. The effect was that the number of applications exceeded expectations. Applications were eventually moved to the FIA, another example of agency collaboration.

In addition to this statewide initiative, FIA has policy advisory committees in CPS, foster care, and juvenile justice. These committees review policy and draft changes. The Adoption Program does not have a policy advisory committee; however, committees that represented the community/customers were convened for the following activities:

- Adoption and Adoption Subsidy policy rewrite.
- MEPA/IEAP implementation, curriculum development and training.
- post adoption services development.
- Wayne County Barrier Busters (quarterly meetings with public and private agencies).
- Safe Delivery implementation (See [Safety Assessment](#)).
- multiple placement of special needs children.
- sibling placements in adoption.

Draft policy is also sent to Outstate Operations who forwards the draft material to several counties for their input. Wayne County and two outstate counties also receive the material for review and input before the policy is implemented. The respective policy offices meet with the staff in Wayne County and the two outstate counties to discuss their input.

Agency Responsiveness to Community

The Tribal State Partnership, Physician's Advisory Committee, and the Substance Abuse Task Force provide ongoing vehicles to obtain customer feedback on performance, barriers/needs and opportunities/solutions. Monthly meetings are also held with Child and Family Services Administration and the Field Operations Administrations on areas of concern.

Regular meetings with the Michigan Foster and Adoptive Parent Association (MFAPA) help ensure that FIA involves foster parents in program design, development, implementation, and evaluation. MFAPA has worked side-by-side with FIA in essential initiatives such as mentoring, recruitment strategies, training, and the Family to Family project. (See [D. Staff and Provider Training](#) and [G. Foster and Adoptive Home Licensing, Approval, and Recruitment](#).)

The Child and Family Services Administration also meets quarterly with the Division of Child Welfare Licensing, Association of Accredited Child and Family Agencies, and the Michigan Federation of Private Child and Family Agencies to discuss issues of mutual concern. The Adoption Policy Office participates in the Federation's Adoption Liaison Task Force about three to four times a year. During 2001, Adoption policy hosted an adoption subsidy informational session with about 70 private adoption agency personnel. It was such a hit with the agencies that another session was held in June 2002.

FIA has worked collaboratively with the Court Improvement Program (CIP) on implementing ASFA and the ASFA Final Rule. (For information on training, see [Court Improvement Program Training](#).) The CIP coordinator has also been involved in the Child and Family Services Review process. FIA also has representatives on the statewide Foster Care Review Board.

FIA has representatives on the Parenting Awareness Michigan statewide steering committee. This committee provides resources to local communities in Michigan that are interested in sponsoring activities on parenting issues. There are two kick-off conferences scheduled this year. In October, a conference will be held in Marquette in the Upper Peninsula and a conference will be held in November in Lansing.

FIA is also mandated by legislation to have a representative on the Michigan Model statewide steering committee. The Michigan Model is a health curriculum that is taught in all Michigan schools. It not only teaches health issues, but also focuses on protecting oneself, substance abuse prevention, choosing the right friends, etc. This committee consists of representatives from the Department of Education, Department of Community Health, Department of Mental Health, substance abuse representatives, Michigan State Police, and others.

Local collaboration takes place with the Multi-Purpose Collaborative Bodies (MPCB), the Family Coordinating Councils, and the Child Abuse and Neglect Prevention Councils (CAN). (See [E. Service Array and Resource Development](#) for information on these community stakeholder groups.) Partnerships between private child placing agencies and FIA also exist at the local level.

Other mechanisms for obtaining customer feedback include:

- The CPS Peer Review process, the Partnerships for Safety and Family to Family projects seek customer input on service delivery.

Agency Responsiveness to Community

- A telephone survey of parents whose children were in foster care was conducted during 2001.
- A mail survey was conducted during 2002 of a random sample of FIA licensed foster homes.
- In 2002, youth, ages 14 and older, were interviewed during targeted case readings to determine policy compliance with independent living preparation services.
- The Adoption Division conducted a statewide survey of public and private adoption agencies in May 2002 to determine what trainings were either required or offered to adoptive families.
- Focus groups were conducted with the following organizations for use in the self assessment process:
 - Foster and Adoptive parents at three MFAPA conferences.
 - Native American Tribes and the Tribal State Partnership.
 - CPS, Foster Care, and Juvenile Justice Advisory Committees.
 - CASA representatives.
 - Foster Care Review Board members.
 - Physician's Advisory Committee.
 - Parents.

During focus groups with local FIA staff, they reported that the local office is responsive to their needs but they still feel a disconnect with Central office. When asked if they believed whether FIA's mission is reflected in the manner in which it treats employees, they all responded "no". The biggest obstacle to performing their jobs was caseload size and not enough time to do a good job.

(For more information on community collaboration, see [E. Service Array and Resource Development](#) and [Child and Family Well-Being Assessment](#). For information on collaboration with other stakeholders, see [C. Quality Assurance System](#) and [D. Staff and Provider Training](#).)

3. *Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?*

Wayne County Title IV-E Agreement

FIA is in the process of completing a Title IV-E contract agreement with the Wayne County Department of Community Justice (WCDCJ). WCDCJ has care and supervision of delinquent youth in the county of Wayne. The first agreement with the WCDCJ includes reimbursement for Title IV-E maintenance payments and administrative costs for working with the maintenance payments youth. FIA is determining eligibility for Title IV-E funds. No administrative payments for foster care candidates are included within this agreement.

FIA also has Title IV-E agreements with the Bay Mills Indian Community, Grand Traverse Band of Ottawa and Chippewa Indians, Hannahville Potawatomi Indian Community, Little Traverse Bay Bands of Odawa Indians, Keweenaw Bay Indian Community, and the Sault Ste. Marie Tribe

Agency Responsiveness to Community

of Chippewa Indians. The agreements allow for the pass through of Title IV-E funding for eligible temporary/permanent tribal court wards. We also contract with the Sault Ste. Marie Tribe of Chippewa Indians for foster care and adoption services for their children who come into Michigan's child welfare system because they reside off the tribe's reservation.

4. *Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.*

Indian Child Welfare Act

Office of Native American Affairs

The Indian Child Welfare Act (ICWA) establishes clear responsibilities for federal, state, and tribal governments. Energies are focused toward supporting and preserving Native American families and to create other permanent alternatives for Native American children, if family preservation cannot be achieved.

The purpose of ICWA is to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing assistance to Indian tribes in the operation of child and family service programs” (25 U.S.C. §1902).

FIA is committed to the principle of strengthening Michigan’s families through mutual respect and mutual responsibility. Inherent in this principle is the necessity to partner with tribes and tribal organizations to actively support the State’s compliance with ICWA, as well as actively promoting the rights of Indian families to appropriate services and support agencies.

Pursuant to the 1994 amendments to the Social Security Act, states are mandated to consult with tribes and tribal organizations in developing a statewide plan to insure ICWA compliance and in all other matters related to Indian children and families. Therefore, consultation continued with Michigan’s 12 federally recognized tribes and tribal organizations. Four (4) quarterly meetings took place further demonstrating a commitment to advocating for and enhancing the well-being and preservation of Indian families.

The FIA strives to provide culturally appropriate services to Indian families. This is accomplished through increasing the involvement of Indian tribes, communities, and agencies in further development of community-based services to children and families as well as continued funding and support of:

- Contracting with the Michigan Indian Child Welfare Agency (MICWA) and the Sault Ste. Marie Tribe of Chippewa Indian’s Binogii Placement Agency for foster care and adoption services for Native American children.
- The continued use of the FIA Indian Outreach Worker (IOW) program.

Agency Responsiveness to Community

- Native American cultural awareness training for approximately 320 workers through the Child Welfare Training Institute.
- ICWA and Indian Child Welfare policy training for approximately 180 FIA children's services workers. New workers also receive training on these topics. (See [Child Welfare Curriculum](#) for more information.)
- Families First, a family preservation initiative.
- Continuation of the interactive "Indian Child and Family Welfare" webboard on the FIA's Intranet where workers can share information or conduct question and answer sessions.
- Continued use of the FIA's public web site where the public can find information about the agency's programs, services, and policies as well as contact information for agency staff, tribes, and tribal organizations.

Accomplishments in 2001

Michigan continues to see success with the Family Group Decision Making (FGDM) model. The Grand Traverse Band of Ottawa and Chippewa Indians, located in Leelanau County, served as one of six pilot communities for the FGDM model. The pilot started in May of 1999. By February of 2000, there were 10 Native American children being supervised in foster care by FIA. This was a 50% reduction in the number of Native American children in foster care since the start of the pilot. By March of 2001, there were two Native American children still in foster care for abuse/neglect. However, by September of 2001, there was only one Native American child in foster care for abuse/neglect, and since the start of the pilot, there have been no referrals of Native American children to foster care for abuse/neglect.

With the success seen in Leelanau County, the Wayne County FIA entered into an agreement with MICWA to apply the FGDM model to the Indian child welfare cases. This will be good for Native American children in Wayne County and great for their families by providing an alternative to foster care that is culturally based, as well as, creating a mechanism that assists in meeting the "Active Efforts" requirement of the ICWA. (See [E. Service Array and Resource Development](#) for more information on FGDM.)

Governor John Engler hosted the first Tribal-State Summit on May 22, 2002. There, the governor signed Executive Order 2001-2, a policy statement on tribal-state affairs. The order formally recognized tribal sovereignty stating, "Like the State of Michigan, the twelve tribes are sovereign governments, recognized by the Constitution of the United States of America...Like the State of Michigan, tribal governments exercise authority and jurisdiction over their lands and citizens." The order also:

- outlines a dispute resolution process between state agencies and tribes to take place before court intervention is sought;
- establishes that a Tribal-State Summit takes place annually; and
- establishes a governor's advisor on tribal-state affairs.

The governor's advisor on tribal-state affairs is responsible for the implementation of the executive order. The advisor is also responsible for the development of a tribal-state accord that defines the relationship between the state and the tribes.

Agency Responsiveness to Community

During the summit, FIA director, Douglas E. Howard, discussed many of the FIA initiatives taking place in Indian country. Director Howard said, “We consider tribal leaders and administrators our partners in ensuring services we offer to Native American citizens are accessible, relevant, and culturally appropriate. Each tribe has a rich cultural history. We seek, as an agency, to meet the individual needs of the sovereign tribal nations during our daily interactions.”

In preparation for the Child and Family Services Review (CFSR), the CFSR project manager conducted a “Stakeholders Interview” with five tribes on May 31, 2001. The Office of Native American Affairs made the arrangements and sent invitations to the 12 tribes. During the interview, information was disseminated to those in attendance detailing the CFSR process. Later in the day answers were solicited for questions that addressed safety outcomes for children, permanency outcomes for children in foster care, children’s well-being, foster and adoptive parent recruitment, and ICWA compliance. A focus group was also held with the Tribal State Partnership.

On September 7, 2001, the Office of Native American Affairs hosted the first Michigan Indian Tribal/Organization Financial Workshop. The purpose of the workshop was to raise the awareness of various state programs and services among Native American service providers allowing additional distribution of the information to the Indian community. Invitations were extended to the 12 federally recognized tribes, four state historic tribes, and the numerous Indian organizations in the State of Michigan. Over 20 participants, from six tribes, five Indian organizations, and one state historic tribe, received materials and observed presentations for Child Day Care, Community Services Block Grant, John H. Chafee Foster Care Independence Act of 1999, Strong Families/Safe Children, Child Care Fund, Family Independence Program (Michigan’s TANF program), Juvenile Justice and Delinquency Prevention Act, and Medicaid.

In September of 2000, the FIA reported 150 Native American children in care. One year later, in September of 2001, the FIA reported a total of 298 Native American children in care. The Office of Native American Affairs does not attribute this to an increase in the number of Native American children coming into care. It attributes the increase to earlier identification of North American Indian children in the child welfare system. It appears that the awareness efforts of the Office of Native American Affairs, the Office of Urban Indian Affairs, and the Indian Outreach Workers have been successful. However, the number of Native American children in care does not comport with the number of requests received to start a search for Indian ancestry. There are problems with the appropriate coding of children who claim Indian ancestry. MICWA processed 2,329 inquiries for Indian ancestry forms from January 2001 through March 2002. MICWA received 1,341 responses back to their inquiry and only 15 children were identified as having Indian ancestry. That still leaves 988 children without any answers and according to FIA policy, they are to be coded as Indian and treated as such due to the ICWA. At a bare minimum there should be at least 988 children coded as Native American. Things have improved over time but the progress made has been slow and arduous.

In 2000, the Michigan Department of Civil Rights (MDCR) compiled a report entitled “The Off Reservation Agenda” from comments the department solicited over the course of two community meetings with Michigan’s urban Indian population. Issues raised within the document included

Agency Responsiveness to Community

homelessness, foster care licensing requirements, kinship care, ICWA, additional IOW staff, and elder abuse. The MDCR's Intra-Governmental Network formed from the document and FIA's participation in the network is in response to the document. The network is working with Indian organizations on an individual basis to assist in supporting and strengthening each organization's infrastructure, thereby allowing the organizations to remain open and continue to provide or enhance the services they are providing to the Indian community.

Activities for 2002

As a group, the Tribal/State Partnership decided to focus on and address the CFSR, Tribal/State Title IV-E Agreements, and TANF Re-Authorization for 2002 at the November 2001 meeting. The Office of Native American Affairs continues to work on being proactive in addressing individual tribal needs as opposed to being reactionary. Therefore, the tribes are being asked to complete a survey for appropriate planning. The Agency's Indian Child Welfare policy will be reviewed and revised as needed by the end of the year.

The Partnership has reviewed the State's 2000-2005 Title IV-B plan and requested that the Native American Affairs section be revised as follows.

Goals and Objectives for FY 2000 through 2005

Representatives from the tribes, Indian organizations, and FIA will continue to meet formally to coordinate and focus on the identification of mutual goals and the action steps that need to be taken to achieve those goals. The following areas have been selected for emphasis:

1. Monitoring and strengthening policy, procedure, and practice to ensure compliance with ICWA.
2. Proactive dissemination of information about ICWA and the Indian culture to public and private agencies and court systems that interact with Indian families.
3. Enhanced recruitment of Native American foster care homes/kinship homes/guardianship placements.
4. Improved communication and partnering with tribes and private/public agencies focused on providing services to the Indian community.
5. Identifying and strengthening educational opportunities for Native Americans.
6. Other Indian family issues – determine the scope of the population and how best to interact with the tribes to serve the identified needs.

Policy, Procedure and Practice

Training in policy and procedures for FIA staff related to ICWA will be added to the FIA Child Welfare Training Institute. The Institute provides training to child welfare staff in the state from both public and private agencies.

The Foster Care Case Reading form was amended to include assurances for ICWA adherence when involved with a Native American family.

Agency Responsiveness to Community

FIA will work internally with other state agencies to develop a pool of qualified Native Americans that can be hired as social workers or Indian Outreach Staff in the FIA field and zone offices. FIA will also work to hire additional Native American personnel, outside of state government, for professional and paraprofessional positions within field and zone offices. This will ensure a level of cultural competence when providing services to families and children.

FIA will continue to collaborate with tribes and Indian organizations on the development of services, programs and policies.

FIA will work to establish an automated case management system to track services provided to Native Americans. This will enable the FIA, tribes, and Indian organizations to have a full understanding of services provided and by whom, and to develop further an understanding of the needs of Native Americans. This data can serve as a planning document for further discussion with the tribes. (See [A. Statewide Information System Capacity](#) for more information.)

Training About ICWA and Native American Culture

It is clear from discussion that both public and private agencies are not familiar with the mandates of ICWA. It is also clear that each tribe, while having cultural similarities, are also dissimilar predicated on their geographic location, the infra-structure of the tribal government and social service support system. We have identified a need for training in communities on the mandates of ICWA, with the juvenile, circuit and family courts, with mental health providers and other human service agencies.

FIA will work collaboratively with the tribes and other Indian organizations to integrate current applicable training programs, to expand training opportunities, and to ensure that FIA staff and community partners are fully apprised of the ICWA mandates.

FIA will work collaboratively with the tribes and utilize the Court Improvement Project as supported by the Federal government as a vehicle to effect education and training to non-tribal courts.

FIA will commit to a series of articles about ICWA, Native culture, tribal affiliation and programs, and other topics of interest to be published in the FIA *ICON*.

Enhanced Recruitment of Native Foster Homes/Alternate Living Homes

ICWA and the Multi-Ethnic Placement Act, (MEPA) must both be considered when recruiting and supporting foster homes. In addition to foster homes, many alternative placement options must be considered. These are kinship care, family mentoring homes, and long-term guardianship homes. Considering these alternatives, the tribes and FIA will seek to develop and provide stable and culturally relevant placements for Native children who must be moved into out-of-home care for their own protection.

FIA will explore additional ways to provide permanent homes for children without termination of parental rights or adoptive placement.

Agency Responsiveness to Community

FIA will work collaboratively with the tribes to provide foster parent training, recruitment resources, and other resources to establish a pool of interested and qualified homes.

FIA will work with tribes, tribal organizations, and the Department of Consumer and Industry Services (DCIS) on a culturally appropriate protocol for foster home licensing when working with Indian families. (See [G. Foster and Adoptive Home Licensing, Approval, and Recruitment.](#))

Communication and Partnering

FIA will work collaboratively with the tribes and Indian organizations to enhance communication with public and private agencies. The purpose of this goal is to increase access for the tribes to information on grants, service programs, educational opportunities, and other resources that may assist them and FIA in achieving their mutual goals.

FIA will provide space in FIA offices for tribes to disseminate information on local tribes and listing of tribal services available, complete with telephone, address, and contact person for inquiries. This can be via posters, brochures, lobby tapes, or other media.

FIA will ensure tribes are on the FIA mailing list for FIA publications that focus on families and children; policy issues that may impact the tribes, and other information that may be requested by the tribes.

FIA will assist the tribes in locating sources of funding and grants for program development that will assist children and families.

FIA will liaison with the tribes and other state agencies or non-state agencies to establish a network of resources. This could include the PIT Crew (interagency collaboration); Multi-Purpose Collaborative Bodies (MPCBs), Tribal/Community teams, etc.

FIA will work collaboratively with the tribes to utilize the Court Improvement Project as supported by the Federal government as a vehicle to effect education and training to tribal courts.

The tribes and FIA will work collaboratively to identify mutual training goals and needs that will provide the maximum enhancement in service delivery to Native families, work to integrate current training programs operated by FIA, or develop training programs specific to identified future needs.

Educational Opportunities

FIA is committed to working with the tribes to foster educational opportunities that will enhance and strengthen families and children as well as promote Native Americans desiring to work in the area of human services.

The tribes have expressed a need for trained social workers to be involved in the Native

Agency Responsiveness to Community

community. The concept of cultural competence must begin with service provision in order to garner acceptance in the Indian community and promote a broader understanding in the non-Native community. FIA will begin working with community colleges, high schools in communities where there is a large native population, and universities to develop programs that address the needs of a broad-based education that is based in cultural competence.

Other Indian Family Issues

The focus of working with families and children is to strengthen families, support them, and assist in remediation of barriers to successful functioning. A few areas have become of major importance, not only in Native American populations but also across all cultures and economic strata; those of children's welfare, burgeoning delinquent populations, and adult services.

The FIA would like to partner with the tribes in exploring these issues to determine where the primary needs and focus should be. Areas where enhanced collaboration can occur are:

- Wraparound or family centered/community centered services.
- Contracting for Family Group Decision Making services.
- Services to delinquent youth/identification and intervention to reduce residential placement.
- Establishment of substance abuse programs/grants or other funding sources.
- Establishment of strong community/tribe associations to avoid placement in residential centers.
- Development of a training package that addresses issues of particular concern for vulnerable Native American adults and developed for addition to the Adult Services training components offered by FIA.

While this list is not exhaustive, it is representative of issues that have been discussed with the tribes as being areas of focus.

Outcomes

The goal of this plan is to achieve the outcomes for Indian children and families as articulated by the tribes, tribal organizations, and the FIA. Those outcomes are:

1. Children will be safe from abuse and/or neglect.
2. Children will maintain appropriate family, community, and cultural ties while in the care of the Agency.
3. Children will be maintained in a safe and stable living arrangement.
4. Children and families will be satisfied with services provided by the Agency or purchased care providers.
5. Families served by family preservation programs will increase their self-sufficiency.
6. Children in out-of-home care will be reunited with their families in a timely manner.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

1. *Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed.*
2. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.*

Foster, Adoptive and Child Caring Institution Standards

Public Act 116 of 1973, (MCL 722.101 et. seq.), also known as the Child Care Organization Licensing Act, provides for the protection of children placed out of their own home through the establishment of standards of care for child placement agencies, institutions, and family foster homes. The Act also contains provision of penalties for noncompliance with promulgated administrative rules. Michigan has Administrative Rules that govern the following:

- Child Placing Agencies, (Rule 400.12101-400.12713).
- Foster Family Homes and Foster Family Group Homes (Rule 400.9101-400.9506).
- Child Caring Institutions (Rules 400.4101-4666).

New licensing rules for foster and group homes, and child placing agencies were effective January 1, 2001. The Administrative Procedures Act was followed during the development of these rules. Hearings were held around the state. The previous child placing agency rules had been in effect since 1980. The foster home rules were incorporated into Public Act 116 in 1973 but had been written long before the enactment. For more information, Public Act 116 and the administrative rules can be accessed at <http://www.michigan.gov/cis>, Family and Health Services, Child Welfare Licensing.

The Child Welfare Licensing Division, Bureau of Regulatory Services within the Department of Consumer and Industry Services, issues licenses to child placing agencies, child caring institutions and foster homes. Child placing agencies license individual foster homes and conduct annual reviews of individual foster homes. Public Act 116 gives a child placing agency the authority to inform the public about foster care licensing requirements. The agency is responsible for providing information about the need to be licensed, how to inquire about the family study process, and the penalty for violating the act.

Foster Family Home and Foster Family Group Homes rules set forth requirements for all licensed foster homes in the state. The rules are the minimum standards that must be met to ensure the safety of children in foster care. The rules set forth requirements in the following areas:

- General Provisions;
- Application and licensing procedures;
- Foster home physical requirements;
- Provision of foster care services; and
- Reporting and record keeping.

Foster and Adoptive Home Licensing, Approval, and Recruitment

Each child placing agency must develop policies and procedures to ensure that all of the licensing rules are met. These policies may go beyond the licensing rules.

A foster home licensing home study must be completed before foster children are placed within the home. The rules describe the requirements of the home study. The home study outline was expanded with the new licensing rules. A home study is completed before a home is licensed and annually thereafter. The certifying agency is to complete a written reevaluation at license renewal and annually, to assess the family's ability to provide care. Any changes are to be documented. The reevaluation must include documentation of each member of the household and each foster care worker who has had a child in the home during the licensing period. The home study process must include visits at the residence of the foster home applicants for observations of, and interviews with, each member of the household.

The Child Welfare Licensing Division conducts initial licensing evaluations and annual reviews of child caring institutions.

If these foster home or child caring institutional reviews are not done in a timely manner, the license will expire and the FIA payment system will not generate a payment. (For more information on Child Placing Agency Licensing Rules and reviews, see [C. Quality Assurance System](#).)

FIA policy also requires specific issues be addressed if the licensee is being licensed for a relative. There is no accurate data on the number of licensed foster homes who are licensed for a relative child; although it is believed that it is a small number. Many relatives cannot meet the licensing requirements, nor do they want to go through the licensing process. Prior to the implementation of the ASFA Final Rule, Michigan relaxed the foster home licensing standards for relatives. Specifically, relatives did not need to attend training. Policy was changed in November 2000 to require relatives to meet the same licensing requirements as non-relative foster homes. The new licensing rules also require this.

Other major changes to the foster home licensing rules in 2001 included:

- expansion of the behavior management policy;
- unusual Incident Reporting policy;
- orientation and pre-service training is now required and in-service training requirements for foster parents were increased;
- a prospective foster parent must express a willingness to provide care for the types of children serviced by the agency and receive orientation training prior to being given an application for foster care;
- the material to be given to the prospective foster parent along with the application was expanded; and
- the guidelines for conducting a complaint investigation (special evaluation) were revised.

The Child Welfare Licensing Division has the authority to grant a variance to a foster home rule if:

- The licensing agency and the foster parent have reviewed and agree with the request.

Foster and Adoptive Home Licensing, Approval, and Recruitment

- The agency requests the variance, in writing.
- The variance from the rule assures that the health, care, safety protection, and supervision of a foster child are maintained.

Binsfeld legislation in 1997 allows the Foster Care Review Board (FCRB) to recommend that a licensing variance be granted to allow siblings to remain or to be reunited in the same foster home. When CIS receives a report from the FCRB recommending a variance, they will send a letter to the agency responsible for the foster home. The agency must either support the recommendation or provide documentation as to the reasons why the worker does not believe the variance should be granted. Once a decision has been made, CIS will send a letter to the agency and the FCRB with its decision. Forty-three (43) variances were granted between January 1, 2002 and June 30, 2002.

Public Act 116 of 1973 provides the statutory base for a child placing agency to conduct special evaluations of family foster homes to determine compliance with the Act and with the applicable administrative rules. A special evaluation is 1 method by which an agency assures ongoing compliance and protection of foster children. Rule 400.12316 allows the agency to initiate a special evaluation when any information is received that relates to a possible noncompliance with any foster home rule. The licensing worker makes recommendations regarding the licensing action to be taken. These actions are:

- no change in license status;
- reduction in license capacity;
- revocation of license;
- refusal to renew license;
- denial of issuance of a license;
- modification to provisional license; or
- renewal to provisional license.

The decision to revoke a license is made at the state level of the Division of Child Welfare Licensing.

Title IV-E funds are not paid to a foster family home with a provisional license because of a licensing violation. This applies even though a corrective action plan may have been approved. Edits within the payment system prevent these payments.

Child Placing Agency rules set forth requirements for adoption placement services. The rule requires a written adoption evaluation of an adoptive family before placing a child within the home. The adoption evaluation contains the same requirements as a foster home licensing home study. FIA policy requires more information in the evaluation.

Barriers to recruiting foster and adoptive parents include:

- the physical structure requirements for the foster home;
- the requirement that foster parents must own a phone; and
- costs for physical exams if the prospective parent(s) have no insurance.

Foster and Adoptive Home Licensing, Approval, and Recruitment

During focus groups with Native American Tribes, the Tribal-State Partnership, FIA staff, and foster parents, the majority of the participants believed that the new licensing rules were focused on child safety. Foster parents did report that they believed the rules were not applied consistently between foster homes or agencies. Focus groups were also held with foster parents in Wayne County in preparation for the Family to Family project. During these focus groups, foster parents reported being “discouraged by the many rules and requirements.” They also believe that more families could be licensed if there were financial assistance in meeting the costs of licensing and to assist in minor household repairs to meet licensing requirements.

Child Caring Institutional rules set forth requirements for all child caring institutions in the state. The rules are the minimum standards that must be met to ensure the safety of children in institutional placements. The rules set forth requirements in the following areas:

- General provisions for all institutions.
- Short-term institutional requirements.
- Residential treatment institutions.
- Environmental Health and Safety for all institutions.
- Fire Safety for Residential Group Home Facilities.

A variance to the rules may also be granted by Child Welfare Licensing.

3. *Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?*

Criminal Records Checks

A Record Clearance Form is completed for each adult member in the prospective foster home household and for all institutional staff. A Law Enforcement Information Network (LEIN) check and Central Registry check (CPS perpetrator check) is conducted by the Division of Child Welfare Licensing. If the form is returned to the agency with information on criminal convictions or CPS information, a copy must be retained in the licensing record. The following information is available to non-law enforcement agencies: criminal history information, sex offender registry, missing/wanted persons, prison and parole information, gun registration/permits, Personal Protection Orders, officer cautions, and driver’s license information. Criminal history information from other states and Canada is not available.

FIA workers and private agency workers have access to Internet Criminal History Access Tool (I-CHAT) that is run by the Michigan State Police Records Division. This system contains criminal record information, misdemeanors and felony convictions.

Foster and Adoptive Home Licensing, Approval, and Recruitment

Michigan has a process in place that allows persons convicted of certain crimes to become a foster or adoptive parent. For foster parents, if the certifying agency recommends that the prospective foster parent be licensed in spite of a specified crime listed in the administrative rules, Good Moral Character Requirements, the licensing worker will submit the criminal conviction or CPS substantiation/preponderance of evidence information to the Administrative Review Team (ART) at the Division of Child Welfare Licensing. The ART team will either approve the license or deny it. The administrative rules that govern the assessment of good moral character recognize that criminal convictions do not in and of themselves represent a risk of predictable harm to a child. The criteria used to assess good moral character include the following: circumstances surrounding the offense, length of time since the offense, severity of the offense, evidence of rehabilitation and relationship of the offense to licensed activity. For adoptive parents, the adoption worker and supervisor evaluate the same criteria to decide whether a child should be placed within the home.

Foster parents and adoptive parents with a felony conviction for one of the following crimes cannot receive Title IV-E payments:

- Child abuse/neglect;
- Spousal abuse;
- A crime against children (including pornography);
- A crime involving violence, rape, sexual assault, or homicide but not including other physical assault or battery; or
- A conviction within the last five years for a physical assault, battery, or a drug related offense.

Current policy and licensing rules prohibit the licensure of a prospective foster parent or adoptive placement for a person who has been convicted of a crime against a child, i.e., Michigan does not license person convicted of child abuse/neglect or a crime against children. If a child is Title IV-E eligible and is placed within a foster home or adoptive home where a person has been convicted of any of the other above listed crimes, Title IV-E funds will not be paid. Edits within the payment system prevent these payments.

LEIN and Central Registry checks are only conducted at the initial licensure and for institutional staff at initial hiring. There are no requirements to conduct them at an annual review. They are conducted when a new member is added to the foster home and when the foster parents move to a new home. During 2002, Michigan is in the process placing a LEIN machine in each local FIA office to allow quick access to the LEIN information. FIA workers will have the ability to conduct LEIN checks on foster homes if they believe it is necessary.

4. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.*

Foster Parent Recruitment

Child Placing Agency Licensing Rule 400.12304 requires that each supervising agency develop and maintain an ongoing recruitment program to ensure an adequate number of suitable foster homes. This rule also requires the agency to develop, implement and maintain a program of foster home retention that includes foster parent involvement and that identifies the causes of the loss of foster homes and prescribes actions to be taken to retain foster homes.

Under the auspices of the Children and Family Services Administration, the Foster Care Support Unit continues to provide an array of programs and services to all public and private agencies, many of the states' foster parent training coalitions, and the MFAPA. The overall goal is to increase the numbers of qualified foster parents. Within that general goal, there are targeted recruitment efforts for foster/adoptive families that focus on the various ethnic and racial diversity of our state population. There are regional recruitment coalitions that include FIA and private agencies.

FIA policy provides the format that each local office can follow to submit an annual recruitment/retention plan that will indicate the types of homes needed to serve adequately the diverse needs of these children. Children of various ethnic backgrounds have been included in these efforts. Increased Central Office staff outreach and technical assistance meetings are occurring to mentor agencies in order to provide feedback, observations, and recommendations on recruitment/retention issues. A more proactive approach has led to increased understanding and clarity of roles and responsibilities. Along with more frequent and open discussions comes a larger sense of partnership and team.

FIA has instituted a Foster/Adoptive Parent Mentoring program. This program matches prospective foster parents with experienced foster parents to provide support and guidance throughout the entire licensing process. There are currently 22 public/private agency partners participating throughout the state. One-hundred and seventy-eight (178) foster parents have been mentored through licensure. The "All Sites" Mentoring Partners Meeting will be held in August 2002 to bring together all current and possible future participants for a general update, evaluation, and program review meeting of the key agency administrators, county directors, and local office staff. The purpose is to share information on the status of the program, discuss what has been learned, program enhancements and best practices for mentor coordinators. In a mail survey of FIA foster parents, 72% believe that mentors would be helpful, 17% had a mentor.

Foster and Adoptive Home Licensing, Approval, and Recruitment

Other FIA programs that have been implemented to increase recruitment of foster parents include:

- Independent Survey – FIA is contracting for a comprehensive survey to provide a study of best practices in licensing and recruitment process.
- Media/Marketing – Statewide strategies are being developed, including marketing research, industry networking, and a mixed media approach to attract and retain foster parents. A more targeted “social marketing” approach will be pursued.
- Appreciation/Recruitment Billboards are placed around the state during May, Foster Parent Appreciation Month.
- FIA has produced a Foster/Adoptive Parent Recruitment Video. The video includes a foster parent, a birth mother and a foster parent who used to be in foster care.
- Neighborhood-Based Recruitment – FIA, in partnership with the Annie E. Casey Foundation, will address the systemic changes required to develop local community resources and partnerships to recruit foster families in the “neighborhoods” from which children come into foster care. This major undertaking will also require new dynamic collaborations among FIA, community stakeholders, and other private agencies. Many of the critical elements of the Family to Family program have been implemented with Wayne (South East Detroit) and Macomb (Warren) counties. They include: Family Decision Making/Family Case Reviews, Geo Mapping discussions, contracts for training and licensure of families, and on-going community resource development activities.
- A foster parent handbook is being developed by Michigan State University, the Michigan Foster and Adoption Parent Association and FIA. This handbook will be available to all child placing agencies in the state. Placing agencies will be able to insert their own policies and procedures into the handbook.
- Distance Learning Training Formats. (See [Foster and Adoptive Parent Training](#) for more information.)

Native American Foster/Adoptive Family Recruitment

FIA staff meet on a quarterly basis with Native American representatives from the 12 federally recognized tribes, state historic tribes, urban Indian organizations, and other Native American programs. This Tribal/State Partnership is further broken down into sub-committees; one of which is a Recruitment Sub-Committee. Their purpose is to identify and address recruitment of Native American foster homes, foster parent training, and hiring of Native American professional staff. A resource fair was held in the Fall 2001 to make the various tribal groups aware of possible programs and funding sources that may exist. During focus groups with Tribal members, they reported that more needed to be done to recruit Native American foster homes. (See [Office of Native American Affairs](#) for more information.)

Retention

FIA has contracted with the Michigan Foster and Adoptive Parent Association (MFAPA) to provide Parent-Agency Support. Seventy (70) support groups exist around the state. This important customer service is offered to give support and guidance to foster parents, and needed feedback to FIA. The goal is to increase retention of current foster parents. In a mail survey of

Foster and Adoptive Home Licensing, Approval, and Recruitment

FIA foster parents, 33% reported that they belonged to a support group. Eighty percent (80%) “agreed” or “strongly agreed” that foster parents need support groups.

FIA also sponsors Foster/Adoptive Parent Retention Events and a Newly Licensed and Closed Foster Homes Survey is being conducted. It is believed that the mentoring program will assist in retention of foster parents.

In a mail survey, FIA foster parents reported that the biggest challenges to being a foster parent were: children’s behavior (31%), FIA workers, (19.9%), court process (14.3%), visitations (13.1%), and financial (11.2%). Fifty-nine percent (59%) of them reported that the largest reward in fostering was “watching children’s progress” and 27.1% stated “providing permanency – keeping a family together”.

5. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, timeframes for initiating recruitment activities, and specific methods.*

Adoption Recruitment

FIA adoption policy requires that agencies without an identified adoptive family for a child contact other county FIA offices and private agencies serving the area for possible suitable families. Actual recruitment of adoptive families is handled locally by individual agencies or a consortium of local agencies using a variety of recruitment methods. Adoptive placements are also facilitated by Field Operations Administration by holding regular and frequent county FIA supervisors and managers meetings on adoption.

Michigan is a state-administered public child welfare program. As such, movement of children into nearby counties is frequent and not problematic. Recruitment methods for children from long distances are accomplished through the Michigan Adoption Resource Exchange (MARE) photolisting book. It is updated monthly and sent to all FIA offices and private agencies with a FIA adoption contract, as well as many local public libraries. The MARE website uses the internet to expose children to potential out of state adoptive families. (See [Permanency Assessment](#) for more information on MARE.)

An annual report of adoption finalizations lists each county’s children who were adopted and each adoptive placement occurring within the county. The report shows considerable movement of children between county jurisdictions. The report indicates that FY 2001, 39 Michigan children were placed out of state. In the last two years, 13 children photolisted on MARE were adopted out of state. In addition, Michigan facilitated the adoptions of 33 children in Michigan from other states in FY 2001. Michigan has been quite successful in recruiting adoptive families for its children, although 56% of our adoptions are by current foster parents. Ninety percent

Foster and Adoptive Home Licensing, Approval, and Recruitment

(90%) of the foster children adopted in Michigan are adopted by either a relative or their foster parent. This fits nicely with the state's goal of reducing child moves and thereby increasing attachments between a child and caregiver. (See [Permanency Assessment](#) for more information.)

Michigan Child and Family Services Review Data Profile

I. CHILD SAFETY PROFILE Michigan	Calendar Year 1998						Calendar Year 1999						Calendar Fiscal Year 2000					
	Reports	%	Duplic Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic Childn. ²	%	Unique Childn. ²	%
I. Total CA/N Reports Disposed¹	63,334		157,908		125,666		62,775		157,916		128,363		64,794		164,369		132,976	
II. Disposition of CA/N Reports³																		
Substantiated & Indicated	12,673	20.0	22,987	14.6	21,978	17.5	13,343	21.3	23,577	14.9	22,673	17.7	15,210	23.5	26,680	16.2	25,611	19.3
Unsubstantiated	50,661	80.0	134,921	85.4	103,688	82.5	49,432	78.7	134,339	85.1	105,690	82.3	49,584	76.5	137,689	83.8	107,365	80.7
Other																		
III. Child Cases Opened for Services⁴			19,828	86.3	19,069	86.8			20,031	85.0	19,394	85.5			22,603	84.7	21,841	85.3
IV. Children Entering Care Based on CA/N Report^{5,A}			8,046	35.0					8,490	36.0					9,218	34.6		
V. Child Fatalities^{6,B}					40						48						49	

Michigan Child and Family Services Review Data Profile

STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Recurrence of Maltreatment⁷ [Standard: 6.1% or less]					356 of 11,430	3.1					398 of 11,576	3.4					450 of 13,482	3.3
VII. Incidence of Child Abuse and/or Neglect in Foster Care⁸ (for Jan-Sept) [Standard: .57% or less]					42 of 22,724	.18					74 of 25,673	.29					85 of 26,044	.33

Michigan Child and Family Services Review Data Profile

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. *The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*
3. *For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.*
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. *The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.*
6. *The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.*
7. *The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #1.*

Michigan Child and Family Services Review Data Profile

8. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period jointly addressed by both NCANDS and AFCARS. For both measures, the number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element is used to determine, in part, the State’s substantial conformity with Safety Outcome #2.

Additional Footnotes:

- A These data come from Michigan's AFCARS data files. These are the total number of removals during the calendar year. It is based upon AFCARS Element 21, Date of Latest Removal. If the date fell within the calendar years shown, it was counted. This does not include Juvenile Justice youth. There is an overstated bias because they cannot separate those that were or were not the result of abuse/neglect, although Michigan has very few voluntary placements. These numbers include duplicates because Michigan cannot separate the data into duplicated and unique counts.
- B These fatalities are from an alternate source, not from the NCANDS submission. They are "the number of deaths as a result of child abuse/neglect" as reported by Michigan's Child Death Review Committee. This information was received by the Children's Bureau in a 1-23-02 email communication from the State.

Michigan Child and Family Services Review Data Profile

II. POINT-IN-TIME PERMANENCY PROFILE Michigan	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year	13,570		16,111		17,129	
Admissions during year	10,220		10,929		10,707	
Discharges during year	5,207		6,740		7,802	
Children in care on last day of year	18,583		20,300		20,034	
Net change during year	+5,013		+4,189		+2,905	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	825	4.4	965	4.8	1,056	5.3
Foster Family Homes (Relative)	4,981	26.8	5,647	27.8	5,858	29.2
Foster Family Homes (Non-Relative)	8,109	43.6	8,793	43.3	8,818	44.0
Group Homes	70	0.4	64	0.3	68	0.3
Institutions	3,899	21.0	4,085	20.1	3,487	17.4
Supervised Independent Living	458	2.5	515	2.5	534	2.7
Runaway	0	0	0	0	0	0
Trial Home Visit	0	0	0	0	0	0
Missing Placement Information	0	0	1	0.0	2	0.0
Not Applicable (Placement in subsequent year)	241	1.3	230	1	211	1.1
III. Permanency Goals for Children in Care						
Reunification	8,931	48.1	9,632	47.4	9,856	49.2
Live with Other Relatives	736	4.0	928	4.6	1,008	5.0
Adoption	6,719	36.2	7,363	36.3	6,456	32.2
Long Term Foster Care	1,378	7.4	1,505	7.4	1,708	8.5
Emancipation	819	4.4	872	4.3	1,006	5.0
Guardianship	0	0	0	0	0	0
Case Plan Goal Not Established	0	0	0	0	0	0
Missing Goal Information	0	0	0	0	0	0

Michigan Child and Family Services Review Data Profile

II. POINT-IN-TIME PERMANENCY PROFILE (continued) Michigan	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Placement						
One	7,681	41.3	8,205	40.4	8,500	42.4
Two	5,049	27.2	5,604	27.6	5,214	26.0
Three	2,674	14.4	2,966	14.6	2,771	13.8
Four	1,355	7.3	1,526	7.5	1,467	7.3
Five	706	3.8	759	3.7	758	3.8
Six or more	1,118	6.0	1,240	6.1	1,324	6.6
Missing placement settings	0	0	0	0	0	0
V. Number of Removal Episodes						
One	17,012	91.5	18,618	91.7	18,414	91.9
Two	1,398	7.5	1,506	7.4	1,428	7.1
Three	140	0.8	142	0.7	161	0.8
Four	24	0.1	27	0.1	19	0.1
Five	5	0.0	3	0.0	8	0.0
Six or more	4	0.0	4	0.0	4	0.0
Missing removal episodes	0	0	0	0	0	0
VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)	3,075	33.4	3029	31.6	3,003	33.4
	Number of Months		Number of Months		Number of Months	
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	13.5		14.4		14.7	

Michigan Child and Family Services Review Data Profile

II. POINT-IN-TIME PERMANENCY PROFILE (continued) Michigan	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
VIII. Length of Time to Achieve Perm. Goal						
Reunification/Relative Placement	2,876	10.2	3,825	9.4	4,087	10.4
Adoption	1,041	12.8	1,330	27.1	1,695	29.6
Guardianship	37	7.0	68	10.4	91	10.6
Other	1,008	27.5	1,181	28.3	1,507	23.5
Missing Discharge Reason	7	14.7	11	24.6	17	16.9
Missing Date of Latest Removal or Date Error ³	238	NA	325	NA	405	0
Statewide Aggregate Data Used in Determining Substantial Conformity	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more]	1,625	53.8	2,349	58.1	2,317	52.9
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32% or more]	719	68.6	545	40.9	595	35.0
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	9,359	85.2	9,977	84.9	9,991	86.2
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	483	4.7 (90% new entry)	534	4.9 (90% new entry)	531	5.0 (90% new entry)

Michigan Child and Family Services Review Data Profile

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP Michigan	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)	4,144	89.9	4,734	91.0	4,509	89.6
II. Most Recent Placement Types						
Pre-Adoptive Homes	259	6.3	145	3.1	130	2.9
Foster Family Homes (Relative)	1,159	28.0	1,432	30.2	1,438	31.9
Foster Family Homes (Non-Relative)	1,717	41.4	2,090	44.1	2,069	45.9
Group Homes	14	0.3	6	0.1	11	0.2
Institutions	869	21.0	920	19.4	739	16.4
Supervised Independent Living	35	0.8	28	0.6	27	0.6
Runaway	60	1.4	81	1.7	74	1.6
Trial Home Visit	0	0	0	0	0	0
Missing Placement Information	0	0	0	0	0	0
Not Applicable (Placement in subsequent yr)	31	0.7	32	0.7	21	0.5
III. Most Recent Permanency Goal						
Reunification	2,518	60.8	3,079	65.0	3,079	68.3
Live with Other Relatives	110	2.7	136	2.9	135	3.0
Adoption	1,217	29.4	1,196	25.3	982	21.8
Long-Term Foster Care	181	4.4	205	4.3	228	5.1
Emancipation	118	2.8	118	2.5	85	1.9
Guardianship	0	0	0	0	0	0
Case Plan Goal Not Established	0	0	0	0	0	0
Missing Goal Information	0	0	0	0	0	0

Michigan Child and Family Services Review Data Profile

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (Michigan Continued)	Federal FY 1998		Federal FY 1999		Federal FY 2000	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	2,052	49.5	2,368	50.0	2,422	53.7
Two	1,294	31.2	1,438	30.4	1,322	29.3
Three	552	13.3	620	13.1	491	10.9
Four	160	3.9	180	3.8	173	3.8
Five	47	1.1	82	1.7	62	1.4
Six or more	39	0.9	46	1.0	39	0.9
Missing placement settings	0	0	0	0	0	0
V. Reason for Discharge						
Reunification/Relative Placement	644	70.6	922	81.2	946	80.0
Adoption	167	18.3	91	8.0	85	7.2
Guardianship	10	1.1	16	1.4	19	1.6
Other	91	10.0	106	9.3	131	11.1
Unknown (missing discharge reason or N/A)	0	0	1	0.1	1	0.1
VI. Median Length of Stay in Foster Care	Number of Months		Number of Months		Number of Months	
	29.5 ⁴		25.5 ⁵		Not Yet Reached ⁶	

Michigan Child and Family Services Review Data Profile

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY98, FY99, and FY00 counts of children in care at the start of the year do not exclude any children. In some submissions, there are children who are excluded from this count to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they are counted as "entries," not "in care on the first day." In Michigan's case, this did not occur, but it could in future submissions.

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³Dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/A = Not Applicable

⁴ First-Time Entry Cohort median length of stay was 29.5 months for FY98. This includes 72 children who entered and exited the same day. Because these "same day children" do not really fit the Federal definition of having been in care at least 24 hours, we also calculate for the State what the median length of stay would have been if these children were excluded (even though we do use them for all other calculations because the State did submit them as part of the file). If these 72 children had been excluded, the median length of stay would have been 30.2 months.

⁵ First-Time Entry Cohort median length of stay was 25.5 months for FY99. This includes 104 children who entered and exited the same day (see comment on "same day" children in footnote 4, above). If these children were excluded, the median length of stay would have been 26.7 months.

⁶ The First-Time Entry Cohort median length of stay is "not yet reached" for FY00. This happens when fewer than half of the first-time entry cohort have left care, making it impossible to calculate the median stay for the group, as a whole. This includes 146 children who had a zero length of stay (they entered and exited the same day). See explanation of "same day" children in footnote 4, above. In this particular instance, excluding these children from the calculation still results in a median length of stay of "not yet reached."

Outcomes

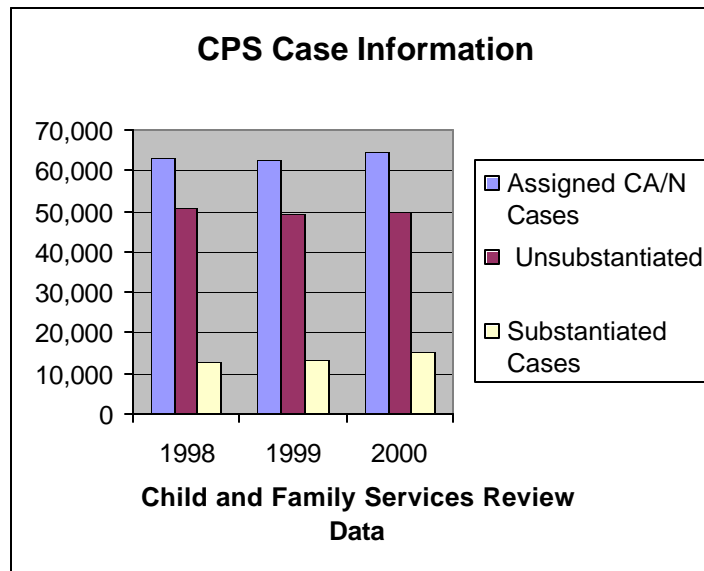
Safety Assessment

Outcome S1: Children are, first and foremost, protected from abuse and neglect.

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

- 1. Have there been notable changes in the individual data elements in the safety profile in Section III over the past three years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State.*

Trends in Safety Data



Michigan has seen an increase in the number of CPS referrals assigned for investigation between 1998 and 2000. There was an overall increase of 2.3% from 1998 to 2000. There was a decrease of 559 cases assigned in 1999 from 1998. This decrease cannot be explained. Since 1993, there has been a 37.7% increase in the number of assigned referrals.

There has also been a corresponding increase in the number of cases where abuse and/or neglect has been substantiated. The percentage of assigned cases where the case disposition was substantiated went from 20% in 1998 to 23.5% in 2000. Michigan does not have an alternate response system.

There has been an 8.4% increase in the percentage of substantiated cases where a foster parent or institutional staff person was listed as the perpetrator. This could be the result of better coding in the information system; although it may be the result of the children entering care are more severely disturbed and their actions test the patience and coping abilities of the foster parent.

There have been no substantial increases or decreases in the other data outcomes for safety.

2. *Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated vs. unsubstantiated reports and factors that influence decision-making regarding the disposition of incoming reports.*

Child Maltreatment (Safety Data Elements I)

The number of child abuse and neglect reports disposed during the period under review has fluctuated. In 1998, it was 63,334, in 1999 it dropped to 62,775 and in 2000 it increased to 64,794. Child abuse and neglect complaint calls are received by the local FIA offices. Each office also has 24-hour coverage through 911. Wayne County has a 24-hour centralized intake that distributes assigned referrals to the appropriate district office. In interviews of mandatory reporters conducted over the last three years, 97% of them reported that when making a referral to FIA, the CPS worker was professional, respectful and listened to their concerns.

Michigan's Child Protection Law

The Michigan Child Protection Law (CPL) (MCL 722.621 et. seq.) defines both abuse and neglect, identifies those persons whose actions or omissions may constitute abuse and neglect, and designates professionals who are obligated as a matter of law to report suspected cases of abuse or neglect. The act:

- Requires the reporting of child abuse and neglect by certain persons;
- Permits reporting of child abuse and neglect by all persons;
- Provides for the protection of children who are abused or neglected;
- Authorizes limited detainment in protective custody;
- Authorizes medical examinations;
- Prescribes the powers and duties of the FIA to prevent child abuse and neglect;
- Prescribes certain powers and duties of local law enforcement agencies;
- Provides safeguards and enhances the welfare of children and preserves family life;
- Provides for the appointment of legal counsel;
- Provides civil and criminal immunity for certain persons;
- Provides rules of evidence in certain cases;
- Provides for confidentiality of records;
- Provides for the expunction of certain records;
- Prescribes penalties for failure to report and for disclosing confidential information.

To ensure the protection of children, the CPL mandates that certain professionals immediately report abuse and neglect allegations to the FIA. Within 72 hours after making the oral report, the reporting person must file a written report (FIA-3200) as required in this act. Under the Children's Protection Law, the identity of a reporting person is confidential and is subject to disclosure only with consent of that person or by judicial process. A person acting in good faith who makes a report, cooperates in an investigation, or assists in any other requirement of this act, is immune from civil or criminal liability that might otherwise be incurred by that action. FIA informs mandated reporters in writing of the disposition of the case. In a survey of mandated

reporters, 70% reported receiving the disposition of the complaint in writing “always” or “most of the time”. There are also problems with large hospitals receiving the case dispositions. The CPS Medical Advisory Committee reported during a focus group that the form letter sent regarding the case disposition only has a referral computer generated log number. No identifying information is included on the form as specified in the CPL. This makes follow-up difficult for mandated reporters. They would also like more information included within the letter, such as the services provided to the family.

Recent testimony in the Michigan legislature indicated that teachers and other sources of information for CPS, like neighbors, are not aware of what information, shared with CPS, is confidential and when it is not confidential. To foster greater familiarity with the reporting obligations and to encourage reporting of all suspected cases of abuse and neglect, FIA is developing a School Personnel Reference Guide for Child Abuse and Neglect. This guide will not only provide answers concerning reporting responsibilities but also identifies the common warning signs of abuse and neglect and outlines the procedures to follow when making the report. CPS staff at the local level are also expected to be involved in educating mandated reporters regarding the CPL. This requirement is monitored at the local level.

Child safety has been enhanced in the community by increased cross training between law enforcement and CPS workers around the state. FIA has partnered with the police agencies to provide training to both CPS specialists and police officers in interviewing family members involved in child abuse/neglect and domestic violence in the home. Local offices report that this joint protocol has helped break down barriers (“I used to call CPS/the police and no one came”) in many counties. In addition, changes in the criminal child abuse and domestic violence statutes have helped keep children safe in Michigan communities.

Children’s Protective Services (CPS) Investigations

CPS complaints have increased more than 25% since FY 1991. Investigations have increased more than 80% since FY 1982. Michigan has also seen an increase in the number of CPS complaints accepted for investigation between 1998 and 2000. There was an overall increase of 2.3% from 1998 to 2000. There was a decrease of 559 cases assigned in 1999 from 1998; although this decrease cannot be explained. Since 1993, there has been a 37.7% increase in the number of assigned complaints.

Certain criteria must be met to assign a complaint for investigation. The law provides for the complaint to be assigned within 24 hours. The main criteria used to determine whether to assign a complaint for investigation is, if the allegations were true, would they fall within the statutory definition of child abuse and neglect. Other criteria include, is the child under the age of 18 and are there allegations of non-accidental harm or threatened harm by a caretaker or other responsible person or non-parent adult. If anyone other than a legally responsible adult is suspected of abusing a child, CPS makes a referral to law enforcement. CPS does not investigate unless there is reason to believe a parent is failing to protect the children from the person who is abusing the child.

The FIA intake process may incorporate a preliminary investigation that gives CPS staff 24 hours to clarify key issues pertaining to the information provided by the reporter. The intake process includes making collateral contacts and analyzing historical records. A "Priority Response" system facilitates decision making concerning the urgency of an investigation after receiving a complaint. Investigations must be commenced immediately or within 24 hours; face-to-face contact must occur within 24 hours or within 72 hours. Other factors considered in determining the urgency of the investigation are the age of the child and the threat of imminent danger. CPS Peer Review information on policy compliance is not available to be released to the public.

Michigan has altered its intake process to ensure the safety of children. This has resulted in an increase in the number of cases assigned for investigation. Screen outs are considered reports of suspected child abuse and neglect but are not included within Safety Element I. FIA has not done a qualitative analysis to determine the proportion of vague or bogus reports. In FY 2001, there were 130,890 complaints statewide. Of these 42,103 were screened out for one of the following reasons:

1. Already Investigated - The allegation is essentially the same instance of child abuse/neglect already reported and/or assigned for investigation.
2. Discounted After Preliminary Investigation - Suspicions of original complainant are proven unfounded after contact with a reliable source with more current or accurate, first-hand information.
3. Complaint Does Not Meet Child Protection Law Definition of Child Abuse/Neglect - No actual allegation/ suspicion of CA/N by a "person responsible" is included in the complaint, e.g., allegations are attributable solely to poverty. Complainant is reporting a problem or concern which does not amount to child abuse/neglect as defined in the Michigan Child Protection Law but is appropriate for handling by another agency. The complainant must be referred to the appropriate agency e.g., the Friend of the Court's Office (FOC) for child support complaints or other custody issues not related to CA/N (and assisted with the referral, if necessary), or the information must be forwarded to the appropriate agency (Prosecuting Attorney/Law Enforcement, other agency program, community mental health or public health services, substance abuse services and/or truancy or runaway program, etc.) by CPS. Examples are:
 - a. Criminal behavior, delinquent/incorrigible behavior, substance abuse, mental/emotional difficulties, fraud, school truancy, etc.
 - b. Alleged victim is 18 years of age or over, and there is no question/concern about risk to younger siblings.
 - c. Report of "child at risk," with no actual allegation of abuse/neglect, e.g., a domestic violence or divorce situation when the child(ren) are protected, may lead to a Prevention Referral.
4. (Reason #4 has been eliminated as a legitimate reason to reject a complaint effective April 1, 1998.)
5. No Reasonable Cause - Complainant is reporting information from second-or third-hand sources, information is vague or insufficient, and/or CPS is unable to establish any basis in fact for the suspicion. Examples are:
 - a. Complainant cannot give information which leads to the identity or whereabouts of the family.

- b. Complaint amounts to speculation (versus suspicion) of child abuse/neglect (a bruise, injury, mental or physical condition that is more likely the result of something other than CA/N).
- c. Complainant reports observing child exhibiting normal, exploratory, sexual behavior and speculates the child must have been sexually abused.
- 6. Referring Person Unreliable or Not Credible - Although this reason is occasionally appropriate, it should only be used in extreme and well-documented situations. A person who knowingly makes a false report of child abuse or neglect is guilty of a misdemeanor if the false report was about an alleged misdemeanor offense. If the false report was about an alleged felony offense of child abuse or neglect, then the person is guilty of a felony. A referral should be made to the local prosecutor on all false reports. Examples are:
 - a. Similar concerns have been investigated and repeatedly denied, or the complainant is known to make repeated false or questionable reports.
 - b. Complaint lacks substance and/or definition and is seemingly colored by suspected self-interest of complainant, e.g., revenge, neighborhood/family squabble, etc.
- 7. Withdrawn With Cause - Complainant withdraws complaint before the investigation is begun, based on new information, and there is insufficient reason to proceed.

The chart below outlines major changes in intake screening and illustrates the steady decrease in the number of complaints that are screened out.

December, 1993	Statewide FY total of rejected complaints reported. FY 93 = 53.4% were screen outs
July, 1994	Screened out reasons reduced from 22 to 7. "Current risk" eliminated as intake screening factor. New disposition: Added to an existing case or investigation (linked). Supervisors must review and sign screen outs. FY94 = 49.8% were screen outs
June, 1995	Wayne Intake & Referral system implements "Inquiry" calls. (This system is a centralized intake system for CPS intake.) These "inquiries" are from the community who have concerns but may be uncertain about what constitutes child abuse or neglect. No concrete referral is made during these calls. FY95 = 40.2% were screen outs
May-October, 1996	SWSS (SACWIS) implemented statewide for CPS requires complaint disposition on the system. FY96 = 38.3% were screen outs FY97 = 35.7% were screen outs
April, 1998	"No current abuse or neglect" eliminated as screen out reason.
July, 1998	Priority Response Decision-Making implemented. (The CPS priority response criteria guide decision-making from the receipt of the complaint and ensure the appropriate response is determined at assignment. FY98 = 31.1% were screen outs FY99 = 29.1% were screen outs

Safety Assessment

A focus group with children's protective services staff stated that the changes to the screening criteria have resulted in more consistency among counties regarding the types of cases accepted for investigation. They also report that the priority response system has helped workers to focus on safety issues during investigations, with the highest priority given to cases in which a child's safety is in imminent danger.

In interviews of mandatory reporters conducted over the last three years, 89% of them reported that CPS responds to their concerns in a thorough, timely and consistent manner "always" or "most of the time".

In a focus group with Michigan Tribal representatives, they reported that workers are not contacting tribes during investigations. FIA is also more likely to screen out referrals if they know the tribes are involved with the family, even though they are mandated to investigate. They did report that this practice varies around the state.

Changes in CPS Investigations

There were several legislative changes to assist CPS workers in the investigation of abuse/neglect complaints. These changes were the result of the Binsfeld Children's Commission. (See [B. Case Review System](#) for more information on the Binsfeld Commission.) The Child Protection Law (CPL) was amended in 1998 to include a "non-parent adult" in the definition of a "person responsible for the child's health or welfare". This allowed CPS to investigate cases where the primary caretaker's significant other had abused or neglected a child even if they lived outside the child's home.

Binsfeld legislation amended the CPL to outline requirements for child abuse and neglect investigations. The law prohibits CPS from interviewing a child in the presence of the alleged perpetrator. It requires each local FIA office and the Prosecuting Attorney to adopt and implement a standard child abuse and neglect investigation and interview protocol based on the protocol developed by the Governor's Task Force on Children's Justice. Currently 82 counties have a joint investigation protocol in place. The remaining county is currently working to establish a protocol. FIA is committed to working to resolve barriers and improve collaborative efforts; FIA has utilized the Prosecuting Attorneys Association of Michigan contract to work with counties to achieve compliance. (See <http://www.michigan.gov/fia>, News, Publications & Information, Publications, Children's Protective Services, A Model Child Abuse Protocol – FIA-Pub 794, for more information.)

The CPL requires the FIA and local law enforcement officials to conduct joint investigations and mandates the use of forensic interviewing techniques for all child death, serious physical injury/abuse, and sexual abuse investigations. Michigan was the first state to use the forensic interviewing tool. Furthermore, the Prosecuting Attorneys Office in each county must review all investigations of substantiated cases where the above criteria apply and all such cases that require FIA to file a petition with the court. This review is to determine whether the investigation complied with the protocol.

The goal of a forensic interview is to obtain a statement from a child, in a developmentally sensitive, unbiased, and truth-seeking manner that will support accurate and fair decision-making in the criminal justice and child welfare system. Although information obtained from this interview might be useful for making treatment decisions, this interview is not part of a treatment process. During an interview, interviewers attempt to rule out alternative explanations for the allegations. For example, when children use terms that suggest sexual touching, interviewers assess their understanding of those terms and explore whether touching might have occurred in the context of routine caretaking or medical treatment. Forensic interviewing is child-centered. Children determine the vocabulary and specific content of the conversation as much as possible. Forensic interviewers are trained to avoid suggesting events that have not been mentioned by the child or projecting adult interpretations onto situations. Cross-training has been provided by the Prosecuting Attorneys Association of Michigan (PAAM) and FIA for FIA staff, prosecuting attorneys, and law enforcement. In addition, all newly hired FIA and private agency staff are trained in forensic interviewing through the FIA Child Welfare Institute (CWI). (See <http://www.michigan.gov/fia>, News, Publications & Information, Publications, Children's Protective Services, Forensic Interviewing Protocol - FIA-Pub 794, for information on forensic interviewing.)

Binsfeld legislation also allowed FIA access to the Michigan Law Enforcement Information Network (LEIN), which contains criminal history information, to assist in investigating abuse and neglect allegations ensuring child and worker safety. During 2002, Michigan is in the process of placing a LEIN machine in each local FIA office to allow quick access to the following LEIN information: criminal history information, sex offender registry, missing/wanted persons, prison and parole information, gun registration/permits, Personal Protection Orders, officer cautions, and driver's license information. Criminal history information from other states and Canada is not available to FIA offices.

LEIN documents must be shredded after review. FIA workers incorporate verified information from LEIN in narratives, safety plans, and/or petitions, but do not retain the LEIN document within the case record. Verified information is defined as information obtained from credible sources, e.g., police or court personnel, which corroborates information obtained from LEIN. An example is a police report that contains information about arrests for violence in the home.

Other enhancements to the CPS investigation and forensic interview process include interpreter services for investigations involving persons with language barriers. Many local offices have bilingual staff that can provide translation services.

Other legislative changes to assist CPS in conducting investigations include:

- Amendments in the Public Health Code that require the Department of Community Health and other medical providers to give CPS access to medical records without consent of parents within 14 days when requested in writing.
- Amendments to the Mental Health Code require mental health professionals to give CPS access to mental health records and information pertinent to CPS investigations.

The FIA has also contracted with the University of Michigan to provide a Medical Resource Services (MRS) hotline. The university responds, 24 hours/seven days per week, to physicians

and workers who need medical consultation on cases involving child abuse and/or neglect. The CPS Medical Advisory Committee reported that not all workers are familiar with this system. Furthermore, many of the workers they talk with do not have the training necessary to make decisions regarding medical issues in abuse/neglect situations. A University of Michigan physician provides a half-day of training on the identification of child abuse and neglect to all newly hired public and private agency staff through the Child Welfare Institute (CWI). (See [D. Staff and Provider Training](#) for more information.)

3. *Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened.*

Cases Opened for Services (Safety Data Element II and III)

There have been no significant changes in the number of children whose CPS case was opened for services in the years 1998-2000. The data shows that in 1998, 86.3% of the cases were open for services. In 1999, 85% were open and in 2000, 84.7%. There has been an 8.1% increase in the number of CPS cases open for services from 1993 to 2001.

The percentage of cases where a preponderance of evidence is found has not changed substantially over the three-year period. The substantiation rate has increased slightly during the period under review. In 1998, the percentage of cases where a preponderance of evidence was found was 20%. In 1999, the percentage was 21.3%, and in 2000, 23.5%.

Michigan's percentage of substantiated cases (20% for 1999) is lower than the national average (30.6%). Two factors contribute to Michigan's lower rate: 1) Michigan does not have an indicated disposition, and 2) Michigan requires a preponderance of evidence. Preponderance of evidence is defined as evidence which is of greater weight or more convincing than evidence which is offered in opposition to it. From a legal standpoint, it is higher than credible evidence but not as demanding as clear and convincing evidence.

Five-Category CPS Disposition

A five-category disposition system for investigations became effective on July 1, 1999. The five category dispositions are:

Category V – No evidence, FIA determines that there is no evidence of child abuse or neglect. This category also includes the determination of “unable to locate” any member of the family.

Category IV – Insufficient evidence, FIA determines that there is not a preponderance of evidence of child abuse or neglect. The Agency assists the child's family in voluntarily participating in community-based services commensurate with the risk to the child.

The remaining categories require a preponderance of evidence:

Safety Assessment

Category III - Community services needed. CPS determines that there is a preponderance of evidence of child abuse or neglect, and the Risk Assessment indicates low or moderate risk of future harm to the child. CPS refers the child's family to community-based services. If the family does not voluntarily participate in services, or participates but does not progress toward alleviating the child's risk, CPS may reclassify the case as category II.

Category II - Child protective services required. CPS determines that there is evidence of child abuse or neglect, and the Risk Assessment indicates high or intensive risk of future harm to the child. CPS must provide the services necessary to ensure child safety. CPS lists the perpetrator on the Child Abuse/Neglect Central Registry (CA/NCR).

Category I - Court petition required. CPS must file a petition within 24 hours of determining that there is evidence of child abuse or neglect and 1 or more of the following are true:

- (i) A court petition is required under the Child Protection Law. These are the ASFA mandatory termination petition requirements with the inclusion of a provision for termination of parental rights if a parent has voluntarily released parental rights to an abuse/neglect court ward and there is current risk to the children. This petition must also contain a request for termination of parental rights at the dispositional hearing.
- (ii) The Safety Assessment shows that the child is not safe and a petition for removal is needed.
- (iii) The department previously classified the case as category II and the child's family does not voluntarily participate in services.

Before this change to the category system, allegations were either substantiated or not based on a preponderance of evidence. Before 1992, credible evidence was used as the standard to determine whether abuse and/or neglect occurred. The change from credible evidence to a preponderance of evidence initially resulted in a decrease in the number of substantiated cases but since that time there has been a gradual increase.

The National Council on Crime and Delinquency conducted a workload study during 2000. They found that the distribution of investigations for substantiated cases by category is, on average:

Category I	=	34.43%	=	480 /1,394
Category II	=	33.28%	=	464/1,394
Category III	=	32.28%	=	450/1,394

For unsubstantiated cases the distribution is:

Category IV	=	87.77%	=	3,764/4,292
Category V	=	12.3%	=	528/4,292

CPS Structured Decision Making (SDM)

For CPS there are a number of processes collectively called structured decision making (SDM). SDM was developed over a period of years and implemented statewide between 1996 and 1999 to provide casework tools that promote consistent, reliable, valid decisions from worker to

Safety Assessment

worker and office to office. SDM focuses on a number of factors related to child abuse and neglect which research has shown correlate significantly with immediate danger (safety), future recurrence (risk), significant family characteristics (needs and strengths), and ameliorating action (treatment).

SDM comprises a Safety Assessment, a Risk Assessment and reassessment, a Family Needs and Strengths Assessment, and a treatment plan.

The purpose of the Safety Assessment is to:

- assess the imminent danger of harm to all children in the family;
- ensure that major aspects of danger are considered to assure child safety;
- determine whether or not to initiate or maintain protective interventions when danger is identified; and
- address reasonable efforts to keep families intact.

The Safety Assessment is completed at important case decision points including:

- prior to disposition of CPS investigations;
- prior to determining whether or not to remove children from families;
- prior to making the decision to provide intensive in-home services as an alternative to child removal;
- prior to determining whether to maintain placements or to return children to their homes when removals are made by law enforcement
- any time circumstances have changed in the case which constitute a threat of imminent danger; and
- at case closure.

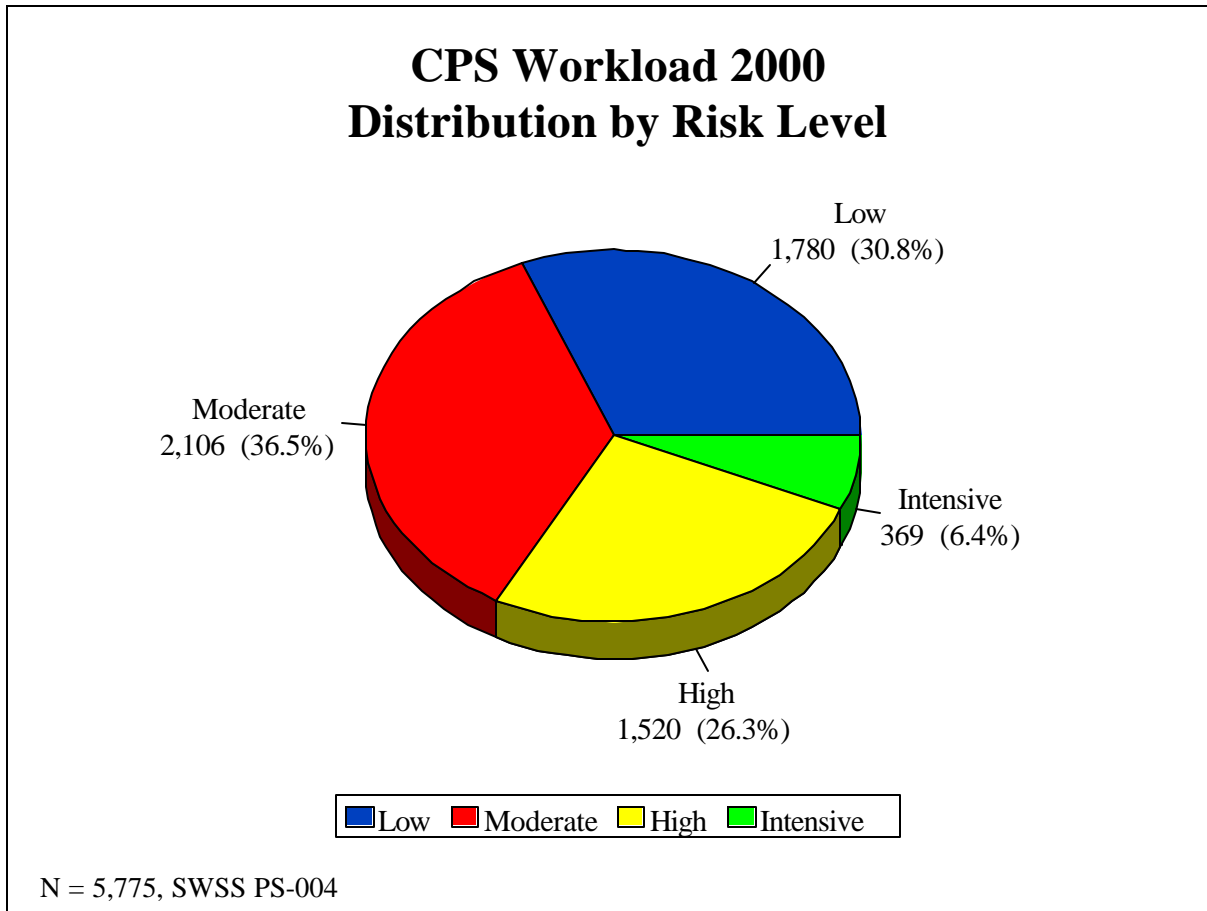
An SDM Risk Assessment is completed by CPS for all cases with a determination of “preponderance of evidence”. A reassessment is completed every 90 days during a family’s involvement with CPS. Risk levels are intensive, high, moderate, or low. The greater the risk level, the more likely there will be subsequent harm to a child without intervention by CPS. There is concern expressed by the self-assessment team members that there is a lack of consistency from worker to worker in completing the Risk Assessment.

The Risk Assessment determines whether the case is Category II (high/intensive risk) or Category III (low or moderate risk).

The purpose of the risk reassessment is to:

- Determine the risk of future abuse or neglect in the family, taking into account the family’s response to protective services intervention.
- Determine the level of service to be provided to each family considering their current circumstances.

During the CPS workload study, the distribution of risk levels for open cases were:



Research by the Children's Resource Center at the National Council on Crime and Delinquency demonstrates that high and intensive risk families who received protective services have far fewer re-referrals for investigation than families with the same risk profile whose cases were not opened. At the same time, re-referral rates for low and moderate risk families opened for services were similar to those observed among unopened low/moderate families. Therefore, low and moderate risk cases (Category III) are referred to other community-based services so that children's protective services' resources can be focused toward Category II cases (high and intensive risk).

No matter what initial risk level is determined, there are required overrides to move to an intensive risk level. These overrides are not used very often, only 2 to 3% of the time. During the SDM pilot, when the forms were filled out on paper, the overrides were used between 6.5 to 8% of the time. The CPS automated system does not automatically flow to the override screens; therefore, overrides are not being used as often as anticipated. Policy requires overrides in the following situations:

- Sexual abuse cases in which the perpetrator is likely to have access to the child.
- Cases with non-accidental physical injury to an infant.
- Serious, non-accidental, physical injury requiring hospital or medical treatment.
- Death of a sibling as a result of abuse or neglect.

Safety Assessment

In addition, there is a discretionary override based on unique case circumstances. Discretionary overrides must have supervisory approval.

Following the Risk Assessment, the Family Assessment of Needs and Strengths is completed. The assessment:

- Identifies needs associated with the occurrence of child abuse and neglect.
- Prioritizes service provision.
- Identifies strengths which may help improve family functioning.
- Focuses the provision of services to improve family functioning so that CPS intervention is no longer necessary to ensure the safety and well-being of the children.
- For category III cases, identifies issues to be addressed by community providers.

CPS workers complete a Family Needs and Strengths Assessment at the initial case opening and every 90 days during the time the CPS case is open. (See [Case Plan Requirements](#) for more information on the Family Needs and Strengths Assessment.)

After identification of a family's needs and strengths, the CPS worker completes a treatment plan. CPS policy requires addressing the top three needs in the treatment plan that were identified in the Family Assessment of Needs and Strengths. The worker may also provide services to any other need identified on the assessment. The worker is required to provide the specific goals, objectives, activities, and the expected outcome of each activity for each identified need. The goals and objectives must be clear, measurable, designed to address the identified needs, and have a specific time frame for the services to begin and end. The plan records those services provided or arranged by the CPS worker to ameliorate the conditions, which contribute to child abuse and neglect in the family. CPS workers complete the treatment plan at case opening and for each updated service plan.

In interviews conducted over the last three years of parents involved with the CPS program, 82% reported that services were offered to them and 72% of those receiving services reported that the services were helpful. Although the majority (72%) reported that services were helpful, only 61% reported that they had input into the service plan. Further analysis is needed to account accurately for the discrepancy. FIA is committed to input from parents in developing the service plan even under involuntary situations. Seventy three percent (73%) reported that their family situation was better following CPS involvement. (See [Parental Participation](#) and [E. Service Array and Resource Development](#) for more information.)

Staffing

In 1999, FIA contracted with the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency (NCCD), to help design and conduct workload accounting studies for Foster Care and Children's Protective Services. The study was designed to estimate the staff resources FIA requires to effectively protect children from abuse or neglect, strengthen families, and achieve permanence for children in foster care. The study incorporated service effectiveness into workload measurement by observing the staff time required to serve a case according to the service standards the agency has established. This approach explicitly

recognized that there was a direct link between service standards, staff time required to serve a case, and the safety of children. The workload study found that there was not adequate CPS or foster care staff.

The numbers of child welfare staff have increased significantly but have not kept pace with the increase in the number of investigations. Since the enactment of the Binsfeld legislation in 1997, 125 new CPS workers were added. Seventy-six (76) workers were added in 1998 as safety partners in response to a CPS worker's death. The staffing allocations of CPS workers has risen from 524 in 1996 to 707 workers in 2000. Currently, the CPS on-board count is 804 workers. CPS cases are family based cases. The average caseload ratio for CPS investigations is 12.4:1 and for ongoing cases, it is 27:1. As of November 2001, CPS was staffed at 98.6% of the workload demand.

In 1996, foster care allocations were 494; by 2000, this number was 616. In FY 2002, 113 prevention worker positions and 34 Wayne County juvenile justice positions were added to the foster care allocation, bringing the total number of foster care staff to 763. These additional staff result in a caseload ratio of 20:1. In 1997, the ratio was approximately 30:1. With these changes, the number of foster care direct services workers has increased from 56% to 80% of the workload demand established in the study. The number of foster care cases where services were purchased from a private agency increased from 7,449 in 1998 to 7,970 in 1999. This equates to approximately 26 workers.

Adoption staff allocations have also increased; 17 new positions were allocated in FY 2000 and in FY 2002 Wayne County FIA was allocated six new positions for hard-to-place children.

In 1999, the Office of Human Resources within FIA, with assistance from several local offices, established a Centrally Coordinated Hiring Pool (CCHP) for filling children's services vacancies in the bottom half of lower Michigan. This new process is used for staffing across 80% of Michigan. Local office supervisors and Office of Human Resources staff conduct interviews. The selected candidates are then hired into limited term positions and sent to the Child Welfare Institute. At the end of the eight weeks of training, employees are placed in permanent positions or in limited term appointments to fill for employees on medical leaves of absences until a permanent position is available. (See <http://www.michigan.gov/fia>, Doing Business With, Child Welfare Institute, for more information on training.)

This process has reduced the time required to fill field vacancies with trained staff. Historically child welfare workers were hired by the county and then were required to attend eight weeks of training before receiving cases. This left the county understaffed for two to three months while the interviewing and training processes were completed. Because the hiring pool recruitment efforts begin at least two or three months before the job placements are made, selections are made in anticipation of vacancies based on historic turnover patterns.

Turnover in CPS line staff statewide is about 23%. Foster care turnover rate information is not available at this time. The Foster Care Review Board and FIA conducted worker exit interviews to determine what issues were affecting staff turnover. This report will not be available until August 2002. Training of workers in both FIA and purchase of service agencies has helped to

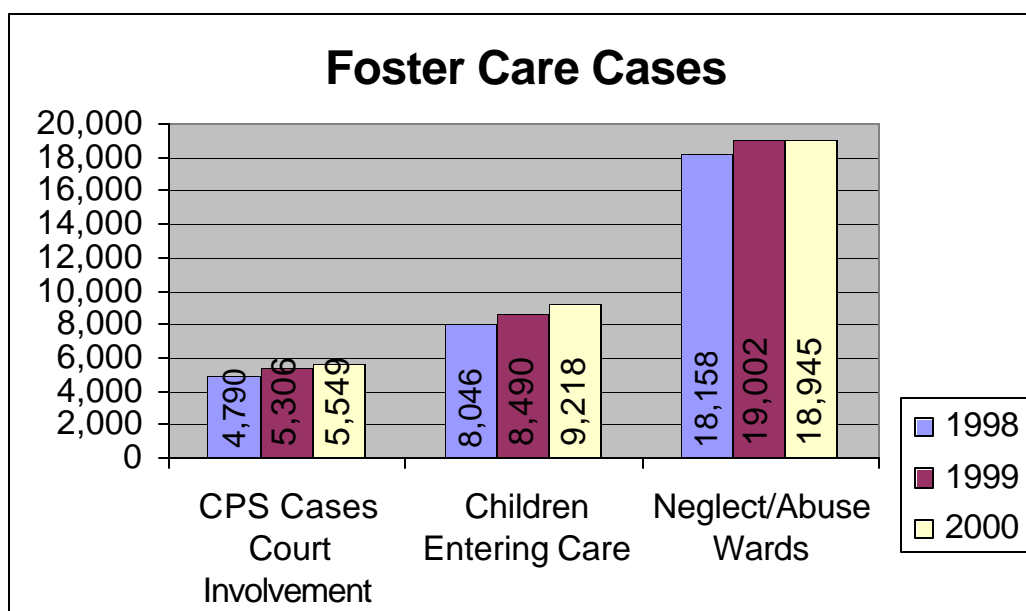
address this issue. Michigan has committed resources so that training opportunities are equally available for all workers handling FIA cases. (See [Child Welfare Curriculum](#) for more information.)

In focus groups with FIA staff, they reported that the volume of work still prevents them from being successful in their jobs. They view themselves as ‘paper pushers’ rather than social workers. (See [Office of Reengineering and Quality Management](#) for information on the efforts FIA is making to improve the work environment.)

An early retirement is being offered in Michigan during FY 2002. Staff have the option to retire between the months of July 2002 and November 2002. This will result in the loss of many line staff and supervisors in the field and may cause difficulty during the on-site review. The Central Office Hiring Pool is making plans to fill the vacancies and providing training to the new staff prior to the retirement; but many line staff and supervisors will be new hires who will not have experience nor will they be familiar with the children’s service cases. Staff will not be replaced one for one.

4. *Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment, or changes in the foster care population.*

Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV)



The number of CPS cases that have had court involvement has increased by 13% since fiscal year 1998. This information is from Michigan’s data system. According to the profile data, the number of children entering care during 1998 was 8,046. In 1999, 8,490 children entered care

and in 2000, this number increased to 9,218. When examining Michigan's point in time data, the number of abuse/neglect wards has increased by 14.6% and there has been a 4.3% increase in the number of abuse/neglect court wards during the same time. (These point in time numbers do not include Juvenile Justice youth who are included within our foster care population.) This increase is attributed to the ASFA and Binsfeld requirements that FIA file a mandatory petition when certain criteria are met.

Petitions requesting removal are filed for all Category I CPS cases. There is no data available on the number of petitions that are not accepted by the court. About 86% of the current Category 1 cases started out as Category 1; slightly over 11% of current Category 1 cases started out as Category 2; and slightly under 3% of current Category 1 cases began as Category 3.

The FIA cannot remove a child from his/her home without court authorization or in an emergency situation, law enforcement can remove a child. Judicial oversight is required when a child is removed from his/her home. Any time a child is taken out of the home, there must be a court hearing within 24 hours, excluding Sundays and holidays. In 1998, Binsfeld legislation gave the court the authority to remove an alleged perpetrator from the home, rather than remove the child. This includes removal of the parent or non-parent adult from the home in which the child lives. The court may also order that the non-parent adult has no contact with the child and not to come into close proximity to the child. The court can also order the non-parent adult to participate in the case service plan when the child is placed in foster care. If the person is found to violate the court order, s/he can be found in contempt of court. Workers and courts are often hesitant to use this option. There is a concern that the non-offending parent will not protect the child. This requires very close monitoring by FIA.

Binsfeld legislation also required that in order to remove the perpetrator from the home, the court must find on record that the alleged perpetrator's presence in the home presents a substantial risk of harm to the child. If a child is removed, the court must also make a judicial finding that the conditions of custody at the placement and with the individual with whom the child is placed are adequate to safeguard the child from the risk of harm to the child's life, physical health, or mental well-being.

The SDM Safety Assessment is used to identify safety factors in a family that threaten immediate harm to the child. If there are safety factors identified in a family, the worker is required to consider whether there are in-home interventions that will reduce the threat of immediate harm while other longer term services are put into place to reduce risk or whether placement is the only possible intervention to protect the child. In-home interventions include the use of FIA services, community interventions and intensive services.

Services to Prevent Removal

For the last 14 years, Michigan has included family preservation services as a formal part of the continuum of services to high-risk families. These services use specific models to strengthen families and avoid the removal of children. Where children have already been removed, these models are also often effective at facilitating an early return to the family home. Michigan also provides planning processes for development and funding of local efforts to divert families from

the formal system for child welfare (referred to as prevention or family support services). These family preservation and family support services are purchased from contract providers. The purchases are controlled by mandated local plans or by state program policy. (See [E. Service Array and Resource Development](#) for more information on these programs and outcome data.)

Each local FIA office is required to develop a Child Safety and Permanency Plan (CSPP). Funding is made available through an allocation to each county but the allocation is released only after the CSPP is developed and approved at the state level. These plans address the need for county-based programs that will increase safe community alternatives for children at risk of removal from their families. Other goals of the CSPP process are to expedite the return home of children from foster care and to provide for alternate safe placements when children are not able to return home. This process gives local flexibility to contract with providers to deliver a continuum of child welfare services. Quarterly review meetings are held by the Family Preservation Specialist with local office management to assess the progress toward objectives, services in place or the planned changes needed to achieve the objectives.

Strong Families/Safe Children (SF/SC) is Michigan's implementation of the Federal "Family Preservation and Family Support Services" program (Public Law 103-66) re-authorized under the "Adoption and Safe Families Act of 1997 (Public Law 108-59). There are 80 Family Coordinating Councils (FCC) composed of all 83 of Michigan's counties. Each Council completes a community plan that is reviewed and approved centrally each year. Each county receives an annual allocation for SF/SC. The services they develop must be tied to specific outcomes of child safety, permanency and improved family functioning. Services provided under SF/SC are varied and intended to meet individual community needs. Fourteen percent (14%) of the expenditures are used for family/home based services and 15% for Wraparound.

Child Protection: Working Together as Community Partners (CP/CP) funding, is allocated to each county through local multi-purpose collaborative bodies (MPCB) to provide services to category III and category IV CPS cases. Each MPCB convenes a Stakeholder Workgroup, co-chaired by a CPS services staff member, consumers and providers of the services, and mandatory reporters. Each group creates a unique community plan to serve the identified population. The services are diverse in methods, with the majority being home-based/home visitation programming. The completed plan is submitted to the respective local MPCB for approval, and then is subsequently reviewed and approved at the state level. Service purchased with this funding are intended to reduce complaints and re-referrals to CPS, decrease escalation within the CPS system, and ultimately reduce the incidence of abuse and neglect.

Families First of Michigan (FFM) is provided to all 83 counties through state level contracts with private providers. FFM is a short-term, crisis intervention program designed to allow children to remain safely in their home based on the Homebuilders model. Services are initiated within 24 hours of the referral, and last four to six weeks. FFM is also used to reunify children returning from out-of-home care. The program keeps families safely intact and helps families make positive, lasting changes. Intervention services include teaching parenting skills, counseling, family assessment, increasing budgeting skills, enhancing housekeeping skills, advocacy, and making appropriate use of community resources. Since 1988, Families First of Michigan has

Safety Assessment

initiated over 40,000 family interventions involving more than 100,000 children at risk of removal. Of the families served, 84% were still together one year later.

The Wraparound process coordinates services to families allowing children to remain safely in their homes. It can also be used to facilitate the child's return home or prevent the escalation to out-of-home placement. FIA is a partner in the process with the Department of Education and the Department of Community Health. Wraparound is based on the collaborative community partners such as education, mental health, the courts, public health, Native American Tribes, faith-based organizations, and many others. Wraparound was used with approximately 2,000 families during FY 2001 in 75 counties. The decision to have the wraparound process available to families in a given county is made locally.

Michigan has adopted the Family Group Decision Making (FGDM) process to work with six pilot communities, both rural and urban, and specifically Native American families in two counties in the state. Based on the New Zealand model, this process uses a team approach between the family, CPS worker, and FGDM contracted provider to identify concerned members of the child's kinship and community network and brings them together for a family conference. A safety plan is developed by the family's identified network, without any professionals present (known as private family time). The Family Plan must be approved by the CPS worker and becomes a road map for the family. It lays out how members will support and actively participate in providing whatever help the family needs to keep the children safe within the kinship structure. Once the plan is approved, an FGDM Advocate assists the family to implement their plan for up to one year.

The Partnerships for Safety Initiative is a collaborative effort to implement a solution focused protocol for CPS staff to utilize in case related activities. Team training in the Solution-Focused Approach took place in five pilot counties within specific CPS and foster care units. Program outcomes are to reduce substantiated cases, reduce complaints, and increase the use of community services. Research is being conducted in one of the pilot sites to determine the effectiveness of this project. In interviews with mandated reporters, 92% of them reported that CPS workers use a family-centered, individualized approach to their work with families "always" or "most of the time". (All child welfare workers receive training in the Solution Focused Interviewing approach.)

In conjunction with the Annie E. Casey Foundation, FIA has implemented the Family to Family Program in Wayne County FIA - South Central Child and Family Services District and Macomb County FIA. Team Decision-Making, the first phase of the Family Case Review Process, will be used in cases which involve the possible removal of children. As the process evolves, the Family Case Review Process will be expanded to include other case situations.

Family Case Reviews (FCR) are multi-disciplinary meetings that involve the family, their support system, and professionals involved with the family. The meeting is a sharing of all information about the family, which relates to the protection and safety of the children and the overall functioning of the family. The goal is to reach consensus about a placement plan for the children. The Family Case Review is held as soon as possible, ideally within 24 hours after placement, but at least within five days. After a thorough case review focused on the level of

risk, a complete identification of the family strengths/needs/resources and a review of the needs of the children, a Placement/Safety Plan is developed.

The Substance Abuse and Child Welfare Task Force was convened in May 1999, by the FIA to make recommendations that would improve services to the parents of children involved with CPS and foster care. The task force is assisting communities in developing protocols between FIA and substance abuse providers to coordinate better services. They will also assist communities with efforts to educate and train staff in both disciplines on mutual roles and responsibilities and coordination of assessments and treatment. Three (3) counties have implemented a cross-system protocol and several counties in the Michigan are in varying stages of protocol development.

5. *Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues.*

Child Fatalities (Safety Data Element V)

The Historical Development of Child Death Review Process

Prior to 1995, Michigan did not have a standardized procedure for in-depth review of child deaths; although the Annual State Infant Mortality Report provided a statistical profile of deaths of children under age one. These reports were primarily based on the information from death certificates; thus, any information on risks leading to these deaths was limited.

In January 1995, FIA in collaboration with the Michigan Department of Community Health, and the Governor's Task Force on Children's Justice, provided funds to the Michigan Public Health Institute (MPHI) for the development of a pilot program to identify how best to implement child death review in Michigan. The pilot counties were, Luce, Mackinac, Chippewa, Mason, Kent, Clinton, Eaton, Calhoun, Kalamazoo, Berrien, Tuscola, Sanilac, St. Clair, Genesee, Oakland, Wayne, and Washtenaw. After assessing the information from the pilots, Michigan opted for a broader death review process that addresses all preventable child deaths from a public health perspective. The public health approach addresses under-reporting of maltreatment-related deaths, promotes better understanding and greater awareness of all the causes of child deaths at both state and local levels. (For more information on this process, see <http://www.michilddeath.com>.)

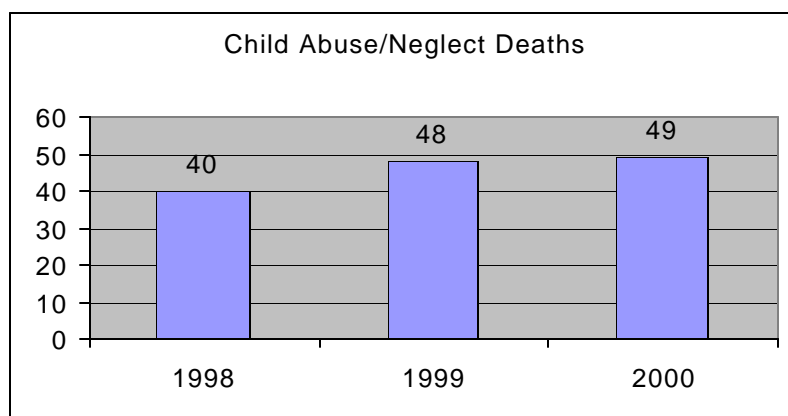
The pilot counties established a multi-disciplinary child death review team. These teams consisted of individuals from the medical community, law enforcement, the FIA, and other experts from the community specializing in the study of child abuse and or neglect to children. These teams reviewed incidences resulting in the death of a child in their communities. Through this protocol, the team established a process of concluding the cause of death and they took specific action to prevent other deaths within their counties. For example, one county noticed a large number of deaths due to drowning in swimming pools; the county instituted a public relations campaign regarding locked fencing surrounding swimming pools.

In February 1997, with the findings from the pilot counties and the Lt. Governor's Binsfeld Children's Commission recommendations, Governor John Engler proposed funds in the 1998 budget to expand the Child Death Review Program throughout Michigan. In this same year, the Child Protection Law incorporated the establishment of child death review teams defining their membership including a least one medical examiner, a representative for the local law enforcement, an FIA and local public health representative, and the prosecuting attorney or designee. (**Attachment A.**)

Currently there are 78 child death teams assembled to represent the 83 counties in Michigan. These teams review deaths of all causes and manner. In 2001, more than 1000 deaths were reviewed. Approximately 1800 children under age 18 die each year in Michigan by all causes.

The FIA is working directly with the MPHI to further refine the process and clarify the need for policy changes and CPS investigative protocol to protect and or prevent future harm to children in Michigan.

Additionally, a team of individuals represented by MPHI, CPS program analyst and management, Office of Communications, and Office of Legislative and Liaison Services, evaluates the findings of the individual review teams and collects this information for entry on a child fatality database. This process was developed to convey information of child death reviews to the CPS division for program analysis. This team of individuals is working to refine and coordinate an information systems process to synthesize this data for future promotion of a preventable death program. In 2002, the Centers for Disease Control awarded Michigan one of three national grants to develop a model surveillance system for the improved counting and reporting of child maltreatment fatalities. With these funds, a more accurate count of the number of maltreatment deaths will be made possible, and a model surveillance system may be available for use by other states.



Because of improvements in reporting, there has been a steady increase in the number of child deaths in Michigan that were identified as attributed to child abuse and/or neglect; although it is unknown if the actual number of fatalities has increased or decreased. After these figures were reported to NCANDS, the Child Fatality Team continued a thorough case by case review. As of February 2002, the number of child deaths attributed to child abuse/neglect for 1999 was 51 with five pending determinations; for 2000, the number is 55 with 12 deaths still being investigated.

Response to the Citizen Review Panel on Child Fatalities

The Child Death Citizen Review Panel meetings have generated recommendations for subsequent changes in policy and procedure. FIA is currently developing new protocols for investigations and prevention. The recommendations of the Citizen Review Panel fit into our current initiatives in changing the child death reporting process. The new initiatives outlined below are all in various stages of development. (See [F. Agency Responsiveness to Community](#) for more information on Citizen Review Panels.)

- **New report of child death** disposition web-based template. This new format will collect child death information in a timely manner. The template will be web-based and will feed into a secure database accessed by the CPS policy office and the Office of Communications. It is proposed that the local office will input data on-line within the current policy mandate of 72 hours. An e-mail tickler will be sent from the central office database in 45 days of the case referral asking the worker to complete the disposition information, for example, cause and manner of child's death. This new process will support uniform definitions and terminology and will promote consistency and accuracy of data collection.
- **Safe Infant Sleep campaign/ Practical Prevention Options** initiated by FIA and community sponsors. FIA will sponsor a safe child/safe sleep campaign for the prevention of child deaths. Child mortality data has identified half of children that died in Michigan in the year 2001 were preventable. The child death review process has identified many risk factors in child deaths, including lack of smoke detectors, poor prenatal care, use of drugs or alcohol during pregnancy, unsafe sleep environments, poor supervision, and inappropriate selection of babysitters. Additionally, a large part of these families have contact with the local FIA offices for food stamps, Medicaid, and other services distributed by FIA. Based on these findings of preventable child deaths, the FIA has moved forward with a prevention campaign to educate our customers on creating a safe environment for children. The local offices will receive brochures, lobby videos, and other resources developed by the CPS program office that will help in the education of risk factors to our customers. These brochures, along with other resources, will be decimated as part of Family Independence Specialist (TANF) orientation. The identified education programs are home safety, shaken baby syndrome, and creating safe sleeping environments for children.
- **Develop an infant safety checklist:** Any FIA staff that come into contact with a child under one year of age will use this checklist to help families ensure safe environments for their infants.
- **FIA is sponsoring four training sessions** in 2002 dedicated to improving medical examiners investigations of child death scenes. FIA has contracted with the MPHI to facilitate these trainings.
- **New Child Death Training:** A two-day training covering child death investigations, uniform definitions, new protocols, and prevention efforts is being proposed for CPS workers.

6. *Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the State's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment.*

Recurrence of Maltreatment (Safety Data Element VI)

Michigan has met the national standard for recurrence of maltreatment all three years for the period under review. There have been no substantial changes in the percentage of CPS cases where there is a reoccurrence of maltreatment for the CFSR data. In 1998, the percentage of cases where a recurrence of maltreatment occurred was 3.1%. In 1999, the percentage was 3.4%, and in 2000, it was 3.3%.

Michigan gained the technical ability to track recurrence by child in February 2002 when information from the Protective Services Management Information System (PSMIS) became available for queries on the state's data warehouse. Michigan is not able to track whether the same perpetrator was responsible for the recurrence of abuse/neglect nor can we track whether it was the same type of abuse/neglect. There are plans to track this in the new CPS SWSS System. (See [A. Statewide Information System Capacity](#) for more information.)

The Calendar Year Victim Cohort Recurrence table is the initial attempt to analyze recurrence by child in 12-month segments. The children were listed on referrals assigned during the calendar year. By looking at recurrence within a referral cohort, it is possible to evaluate the effectiveness of CPS intervention at a specific time. For example, 7.9% of the 1999 cohort had a recurrence within 12 months compared to 9.6% for the 1985 cohort. Therefore, we could say that the CPS intervention in 1999 was more effective at preventing recurrence than the CPS intervention in 1985. Eventually, we hope this type of analysis will help identify effective practices and specific services that prevent future abuse/neglect. This system can also provide an early warning if effectiveness is deteriorating.

Calendar Year Victim Cohort Recurrence Table

Year	Victims	Recur 12	% 12	Recur 24	% 24	Recur 36	%36	Recur 48	% 48	Recur 60	% 60
1985	26,281	2,532	9.6	4,108	15.6	5,182	19.7	5,944	22.6	6,439	24.5
1986	26,947	2,240	8.3	3,972	14.7	5,087	18.9	5,832	21.6	6,360	23.6
1987	23,770	2,139	9	3,726	15.7	4,674	19.7	5,297	22.3	5,726	24.1
1988	25,410	2,285	9	3,905	15.4	4,979	19.6	5,677	22.3	6,079	23.9
1989	26,193	2,360	9	4,047	15.5	5,064	19.3	5,661	21.6	6,189	23.6
1990	25,223	2,322	9.2	3,738	14.8	4,646	18.4	5,359	21.2	5,813	23
1991	25,695	2,031	7.9	3,444	13.4	4,514	17.6	5,195	20.2	5,765	22.4
1992	22,145	1,664	7.5	2,907	13.1	3,724	16.8	4,297	19.4	4,811	21.7
1993	19,947	1,539	7.7	2,743	13.8	3,542	17.8	4,101	20.6	4,594	23
1994	20,682	1,579	7.6	2,774	13.4	3,642	17.6	4,342	21	4,824	23.3
1995	20,164	1,469	7.3	2,594	12.9	3,512	17.4	4,115	20.4	4,601	22.8
1996	20,024	1,619	8.1	2,947	14.7	3,749	18.7	4,373	21.8	4,848	24.2
1997	20,563	1,626	7.9	2,845	13.8	3,770	18.3	4,452	21.7	4,486	inc
1998	23,328	1,869	8	3,326	14.3	4,183	17.9	4,245	inc	4,245	inc
1999	23,867	1,874	7.9	3,281	13.7	3,365	inc				
2000	26,708	1,923	7.2	2,076	inc						
2001	25,645	194	inc								

Michigan is addressing repeat maltreatment in several ways. The SDM Risk Assessment measures the risk of future abuse or neglect in the family taking into account the family's response to CPS intervention. One of the factors that influences the risk level is previous substantiated cases. If there is a preponderance of evidence of abuse/neglect and the risk level is determined to be high or intensive, a CPS case is opened for services. During a CPS investigation, an analysis of prior CPS history is required. The ability to track investigations statewide is possible on PSMIS. (See [A. Statewide Information System Capacity](#) for more information on PSMIS.)

Furthermore, Michigan lists perpetrators of abuse/neglect on a Central Registry. Before 1998, a perpetrator's name remained on the Central Registry until the youngest child turned 18, or 10 years had passed since the last substantiated case, whichever was later. Binsfeld legislation in 1998 amended the Child Protection Law to require names to remain on Central Registry until the Agency receives reliable information that the individual alleged to have perpetrated the abuse/neglect is dead.

Other Binsfeld changes in Michigan Law require FIA to file court petitions in certain circumstances. CPS must file a supplemental petition with the court if FIA substantiates additional abuse/neglect when a child is a ward of the court. The CPL also requires a court petition if a parent's rights to another child were terminated or the parent voluntarily released parental rights to an abuse/neglect ward and FIA determines that there is risk of harm to a child. This change, intended to protect newborns, depended upon the hospital notifying CPS. In 2000, two infants died in situations in which CPS would have investigated had they known the parent's history. This resulted in an agreement between the FIA and the Department of Community Health (DCH).

New Birth Match

DCH electronically transmits new birth records to FIA each week. The record contains the reporting hospital, name and date of birth of the newborn; the name, date of birth, social security number, and current address of the mother; and, if available, the father's name, date of birth, and social security number.

FIA created a list of parents whose rights to other children were terminated. Starting with a list of children who were permanent wards as far back as computer records exist (1978), they matched against CPS records to identify the parents. This created the parent's file that is updated weekly.

FIA matches the parent list and the parents from the new birth records. Local offices receive an automatic e-mail if there is a birth match for their office in the weekly report. The e-mail contains the URL for staff to access a secure site but does not contain any information specific to the newborn or parents.

The parent list will be expanded in the future to allow adding individuals who have caused a child's death, committed sexual abuse involving penetration, caused serious physical injury, tortured children, or knowingly allowed someone to commit such acts.

Below is a table displaying the results of the new birth match in calendar year 2001 as of February 4, 2002. Numbers for 2001 will change in the future as local offices report results of those matches waiting feedback and the "unable to locate" cases are located.

New Birth Match Report Disposition	
Already Investigated	348
Removed Subset: 171 children had been removed in cases already investigated	
Denied Investigation	173
Opened CPS	35
Removal subset: 17 children have been removed from home as a result of the new birth match	
Unable to Locate	8
Waiting Feedback	51
Total	615

New Birth Match Report Disposition Definitions

Already Investigated: means the new birth was reported, assigned, and investigated before the new birth match report was posted on the web. Most of these are reported by the hospital within one or two days of birth. The removed subset is the number of children removed from those already investigated.

Safety Assessment

Denied Investigation: means CPS investigated based on the new birth match and there is not a preponderance of evidence to support “substantiating” the complaint. These are all category four or five dispositions.

Opened CPS: means CPS investigated based on the new birth match report and found a preponderance of evidence that child abuse or neglect exists related to the newborn. The removed subset is the number of children removed from home as a direct result of the new birth match.

Unable to Locate: means CPS could not locate the mother and newborn. These are cleared each month and local CPS is alerted if a new address appears on CIS. Unable to locate is never a final disposition in a new birth match.

Waiting Feedback: means the complaint disposition has not been recorded in the newborn database yet. Central Office follows up with these cases to learn the disposition on the newborn report.

7. Discuss whether or not the State’s incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or pre-adoptive placements.

Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VI)

During the period under review, there has been an 8.4% increase in the percentage of substantiated cases where a foster parent or institutional staff person was listed as the perpetrator. In 1998, the percentage was .18%. In 1999, this percentage was .29%, and in 2000, it was .33%. This could be the result of better coding in the information system; although it may be the result of the children entering care are more severely disturbed and their actions test the patience and coping abilities of the foster parent. Furthermore, in some areas, there is a lack of foster homes and this causes the agency to overload the foster home. This number may not include children in foster care who are living with relatives. Michigan is far below the national standard of .57% and it is believed that if these numbers were included, Michigan would still meet the standard. FIA is designing a new CPS information system that will accurately collect this data for NCANDS.

CPS must investigate all complaints of suspected child abuse and/or neglect by a child's parent, legal guardian, foster parent or other person responsible when the child is in foster care. The CPS investigation and disposition for protecting children in foster care is the same as when children are residing with their birth families, except that the foster care licensing workers may be a part of the investigation if the child is residing in a licensed foster home. A Risk Assessment and Safety Assessment are completed as part of the investigation. If the child needs to be removed from the foster home, CPS workers are instructed to contact the foster care worker to assist with the new placement.

Safety Assessment

The child placing agency that licensed the foster home conducts investigations of foster homes for licensing rules violations. These investigations may be conducted at the same time as a CPS investigation if the rule violation includes allegations of abuse and/or neglect. During the investigation, the Licensing worker can also complete a Safety Assessment if there is a concern regarding a child's safety. Licensing completes a Special Evaluation Report and recommendations are made regarding the licensing action to be taken. Revocation of a license is done at the state level administration of the Division of Child Welfare Licensing.

The Division of Child Welfare Licensing investigates allegations of abuse and/or neglect in child caring institutions. After the investigation, Licensing sends the CPS investigation report to FIA for entry on information systems. (See [C. Quality Assurance System](#) and [Foster, Adoptive and Child Caring Institution Standards](#) for more information.)

Child Placing Agency Licensing Rules require pre-service and in-service training for all foster parents. Twenty-four (24) hours of pre-service and in-service training are required for foster parents during the first two-and-a-half years after licensure. The Rules require training in the following behavior management topics:

- Behavioral, emotional, and physical needs of the children to be placed and methods to aid the children's development.
- Effective parenting.
- Behavior management.

Additional topics that are recommended include:

- Child management techniques, including methods of discipline.
- Effective parenting alternatives for children in placement.

Child Placing Agency Licensing Rules also require that each agency must have a behavior management policy that identifies appropriate and specific methods of behavior management. This policy is given to each foster parent. The methods of behavior management must be positive and consistent, based on each foster child's needs, stage of development and behavior. They must promote self-control, self-esteem and independence. The following types of punishment are prohibited:

- Physical force, excessive restraint or any kind of punishment inflicted on the body, including spanking.
- Confinement in an area such as a closet or locked room;
- Withholding necessary food, clothing, rest, toilet use, or entrance to the foster home.
- Mental or emotional cruelty.
- Verbal abuse, threats or derogatory remarks about the child or his/her family, or any other issue, e.g., grades, behavior, appearance, etc.
- Denial of necessary educational, medical, counseling, or social work services.
- Withholding of parental or sibling visitations.

Child-specific discipline and child handling techniques that will be used by the foster parent/kinship caregiver are documented in the Parent-Agency Treatment Plan and Service Agreement. The methods of behavior management must be positive and consistent, based on

Safety Assessment

each foster child's needs, stage of development, and behavior. They must promote self-control, self-esteem and independence.

There are no statewide policies or rules that require training for pre-adoptive parents. The Michigan Foster and Adoption Parent Association (MFAPA) does provide training for adoptive parents, but this is voluntary. Many times, foster parents adopt the foster children who have been in their home. These foster parents would have received the training described above. Many local communities also have training and support groups. Post adoption services are also provided to adoptive families in crises. (See [Foster and Adoptive Parent Training](#) for more information.)

Per the Child Caring Institutional Licensing Rules, each direct care worker in a child caring institution must participate in a minimum of 50 hours of planned training within the first year of employment and a minimum of 25 hours of training annually thereafter. Training for Child Caring Institutional staff includes:

- Developmental needs of children.
- Child management techniques.
- Basic group dynamics.
- Appropriate discipline, crisis intervention, and child handling techniques.

There are no statewide services for foster parents. Many local agencies provide mentoring services to foster parents and support groups. Foster care caseworkers also provide crisis management services to foster parents who need assistance. Foster parents also have the opportunity to work with a child's therapist if a child is having behavioral problems. From focus groups with staff, FCRB, and CASA it does not appear that supportive services are provided to foster parents on a consistent basis. Training also varies across the state.

8. *Discuss any other issues of concern, not covered above or in the data profiles that affect the safety outcomes for children and families served by the agency.*

Other Safety Issues

Legislative Changes

The annual FIA Appropriations Act prohibits expenditures from state funds to preserve or reunite a family unless there is a court order to the contrary, if either of the following would result from that expenditure:

- A child would be living in the same household with a parent or other adult who has been convicted of criminal sexual conduct against a child.
- A child would be living in the same household with a parent or other adult against whom there is a substantiated CPS charge of sexual abuse against a child.

On June 26, 2000, Michigan approved the Safe Delivery of Newborns law with an effective date of January 1, 2001. While targeting troubled parents, the law encourages the placement of their newborns in a safe environment as opposed to an unsafe environment. This law allows an

Safety Assessment

anonymous surrender of an infant, from birth to 72 hours of age, to an Emergency Service Provider (ESP).

An Emergency Service Provider is a uniformed or otherwise identified employee of a fire department, hospital, or police station that is inside the building and on duty. The parent has the choice to leave the infant without giving any identifying information to the ESP. The ESP, upon accepting the infant, will provide whatever care may be necessary. Following an examination at a hospital, temporary protective custody will be given to a private adoption agency for placement with an approved adoptive family, if the child is unharmed. If the examination reveals signs of abuse and/or neglect, hospital personnel will initiate a referral to CPS for an investigation.

To promote the Safe Delivery Program, FIA has developed several publications that target teens and young adults. A toll-free, 24-hour telephone line has been established to provide information on services available to a prospective parent.

During the calendar year 2001, 13 newborns were placed with a prospective adoptive family under the Act. There were no known child deaths resulting from an infant being abandoned.

Quality Assurance

FIA has instituted a CPS Peer Review Process. This is a quality assurance process to strengthen the local CPS programs within each county. Policy compliance is monitored and recommendations are made regarding CPS policy and training. The Office of the Family Advocate reviews cases and provides input regarding policy, law and practice to the CPS policy office. The FIA also works in conjunction with the Office of the Children's Ombudsman to improve CPS policy and ensure child safety. The Ombudsman produces an annual report with recommendations for legislative and policy changes. FIA responds to the recommendations and the report is published. See [Quality Assurance](#) for more information

Children's Justice Act Task Force

The Children's Justice Act (CJA) Task Force is leading a collaboration of professionals concerned about the risk of behavioral injury to children who witness domestic violence in their homes. The Child Welfare/Domestic Violence sub-committee has added outside members from law enforcement and the Prosecuting Attorneys Association. Two writers have been contracted to work with the groups to produce a protocol for handling domestic violence cases when children are present. The protocol will address responsibilities of all disciplines involved, i.e., law enforcement, CPS, and domestic violence workers.

A sub-committee of the Children's Justice Act Task Force presented a finalized investigative protocol on Munchausen's Syndrome by Proxy to the Task Force in June 2002.

The Task Force is also funding and providing consultation on production of a video which will familiarize children with the process and environment of court room testimony to defuse apprehension when a child must testify. Task Force efforts have also been focused on the issue of video recording of child interviews for court testimony. Recommendations for legislative

Safety Assessment

changes to protect the child's privacy have been drafted. Plans are underway to establish demo project sites, two in Wayne County and three outstate. A feasibility study is being done by Wayne State University, and the University will also conduct the project evaluation. Equipment purchase is under way. It is expected that the project will begin by mid to late summer. (See [Citizen Review Panels](#) for more information on the CJA Task Force.)

Juvenile Justice

Michigan courts have the authority to grant care and supervision of Juvenile Justice youth to the FIA. When youth are placed in licensed child caring institutions, safety issues of the youth and the community are considered by the FIA Juvenile Justice worker and the facility. Juvenile Justice staff do not use the Safety Assessment. A safety concern that was expressed in a focus group with individuals involved with the Juvenile Justice system was the issue of step-down programs for sex offenders. The group did not believe that this issue was adequately addressed in the community where the youth was returning.

Permanency Assessment

Outcome P1: Children have permanency and stability in their living situations.

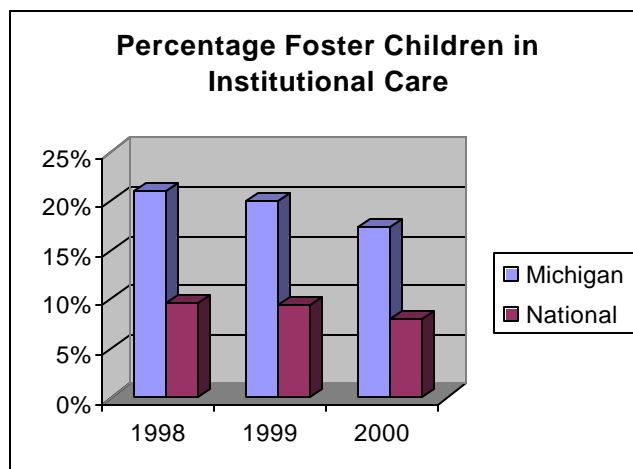
Outcome P2: The continuity of family relationships and connections is preserved for children.

- 1. Have there been notable changes in the individual data elements in the two permanency data profiles in section III over the past three years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State.*

Trends in Permanency Data

There was a large increase in the net change during the year 1998. The net change for the three years under review is +5,013 in 1998, to +4,189 in 1999 and is only +2,905 during 2000. It is believed that these number are high due to the fact that Michigan did not submit trial home visits in our AFCARS data submission.

Michigan also has a large number of children in institutional placements compared to the national data. This is because Michigan includes all Juvenile Justice youth in our foster care population regardless of the restrictiveness of the placement.



The median length of stay in foster care for children in placement on the last day of the year has increased by one month from 13.5 months to 14.7 months, but this increase does not appear to be large. We are significantly lower than the national average of 20 months. The median length of stay for the cohort group was reduced by 4 months from 1998 to 1999.

Michigan has met two out of the four permanency national standards for determining substantial conformity, finalized adoption within 24 months and foster care reentries. Michigan has met the national standard in all three years for percentage of children who were placed for adoption within 24 months of removal; although our percentage has decreased significantly over the three-year period of time. We are very close on the number of children who have had no more than

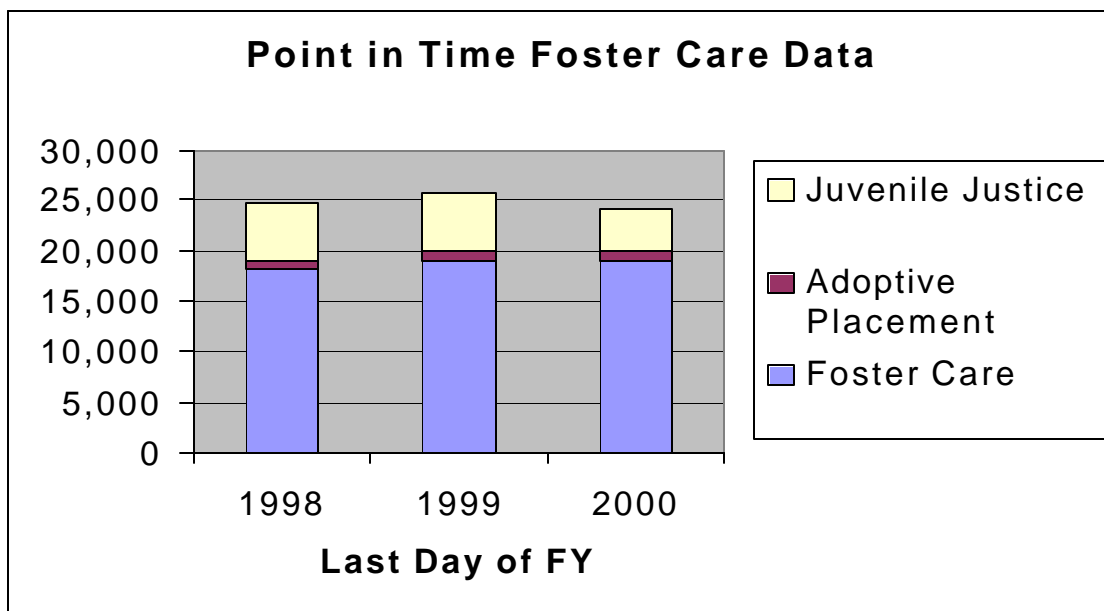
two placement settings during the first 12 months of care. Michigan is well below the national standard (76.2%) for percentage of children returned home in less than 12 months, at 53.8% for 1998, 58.1% for 1999, and 52.9% for 2000. The median months to discharge for children reunified with their parents is also higher for Michigan than the national average; although the data shows a lower percentage of reentries into foster care within 12 months than the national standard.

2. *Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges, and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes.*

Foster Care Population Flow (Point-in-Time Data Element I & Cohort Data Element I)

Michigan's AFCARS data includes juvenile justice youth who have been referred or committed to FIA for placement and care services. There was a large increase in the net change during the year 1998. The net change for the three years under review goes from +5,013 in 1998, to +4,189 in 1999 and is only +2,905 during 2000. The number of admissions has remained the same for the three years. The number of discharges has increased over the period under review. This is due to an increase in the number of adoptions and a transfer of juvenile justice cases to the County of Wayne. This results in the decrease in the net change. The percentages for the cohort group who are entering care for the first time are 89.9% in 1998, 91.0% in 1999 and 89.6% in 2000.

When looking at Michigan's point in time data, we do not see such an increase.



Permanency Assessment

	Foster Care	Adoptive Placement	Juvenile Justice	Total
1998	18,158	925	5,879	24,962
1999	19,002	970	5,758	25,730
2000	18,945	1,075	4,102	24,122

There has been a 4.9% increase in the number of foster care and adoptive placement cases during the period under review. It is believed that this increase is the result of Binsfeld and ASFA legislation that requires mandatory petitions be filed with the court in certain circumstances. Michigan has few voluntary placements in foster care. It is not possible to separate voluntary foster care placements from the whole population. These point in time foster care and juvenile justice numbers also include own-home placements, which were not reported in our AFCARS data. The fact that we did not report trial home visits also results in a larger number of youth entering care during the year because we are counting a new removal episode each time a child is removed from home, even if the child is on a 6 month trial home visit. Our AFCARS data submission for 2002A will include trial home visits.

There has been a decrease in the number of juvenile justice youth under the supervision of FIA. In 1998, the percentage of the “foster care” population that was juvenile justice was 24%. In 1999, this percentage was 22%, and in 2000, 17%. During this time, the County of Wayne (Detroit) accepted responsibility for a number of juvenile justice youth. Since February 2000, approximately 3,000 cases have been transferred from FIA to Wayne County. (See [F. Agency Responsiveness to the Community](#) for details of the Title IV-E Agreement between Wayne County and FIA.)

A worker survey of 1550 cases identified the primary reason for children entering foster care was neglect (61%). Other reasons included parent drug-abuse (27%), inadequate housing (26%), and physical abuse (20%). Juvenile justice youth enter care due to their behaviors. This information will be collected on all foster care and juvenile justice youth in our new SACWIS system, which was implemented during the calendar year 2001.

There are a number of services provided by prevention and CPS to prevent removal of children from their parents’ home. Michigan places a great deal of emphasis on Family Preservation services. Therefore, children who are removed frequently come from families with serious problems, e.g., substance abuse, domestic violence, and serious problems with attachment, bonding, and parenting. (See [E. Service Array and Resource Development](#) and [Safety Assessment](#) for details of these services.)

The FIA cannot remove a child from his/her home without court authorization, or in emergencies, law enforcement can remove a child. Judicial oversight is required when a child is removed from his/her home. Any time a child is taken out of the home, there must be a court hearing within 24 hours, excluding Sundays and holidays.

Petitions requesting removal are filed for all Category I CPS cases. Services to prevent removal are not required when a mandatory petition is filed with the court. The Michigan Child Protection law mirrors the ASFA mandatory termination petition requirements with the inclusion of a provision for termination of parental rights if a parent has voluntarily released parental rights to an abuse/neglect court ward. These petitions must be filed within 24 hours and contain a request for termination of parental rights at the dispositional hearing. Petitions are also filed on CPS cases where the SDM Safety Assessment finds that the child is not safe within his/her home. (See [Five-Category CPS Disposition](#) for more information.)

Michigan uses a standardized Safety Assessment, implemented statewide in 1998, for every CPS investigation and for every foster care case. The Safety Assessment is used to determine whether safety factors are present in a family, and if present, whether in-home, immediate protecting interventions will allow the child to remain in-home while longer-term risk issues are addressed. For every factor identified, staff must assess whether in-home interventions will protect the safety of the child or whether placement is the only option. Children in foster care may not be returned to a caretaker unless safety factors are controlled.

The Safety Assessment determines whether a child is:

- safe with no safety factors present in the family;
- safe with services where safety factors are present but may be controlled in-home through immediate services; or
- unsafe where safety factors are present and the only protecting intervention is removal and placement in out-of-home care.

(For more information on the Safety Assessment, see [CPS Structured Decision Making](#) (SDM).)

Juvenile Justice youth are committed or referred to FIA via court order, if the youth exhibits criminal or at-risk behavior. This behavior comes to the attention of the court by a petition that may be submitted by the police or probation officer. FIA provides the least restrictive placement that is appropriate for the youth. The first choice is to service the youth's needs in his/her home. Residential placement and foster home placements are the alternatives to providing services to the youth at home.

Prior to commitment or referral, many of the youth are provided services through the local courts, community resources, or other FIA programs to prevent removal. These services may include counseling for the youth and family, mentoring, referrals to community agencies, mental health services, etc. Youth who commit serious crimes and pose a danger to themselves and others are usually detained immediately and services to prevent removal are not provided.

3. *How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care?*

Placement Types for Children in Foster Care (Point-in-Time Data Element II & Cohort Data Element II)

Michigan has a slightly higher adoptive placement type than the national average. The percentage of non-relative foster care placements is the same. Relative placements have increased during the period under review. The cohort data shows more relative placements and fewer non-relative foster home placements. For some inexplicable reason, the data do not show any youth who are away without leave (AWOL) in the permanency profile but there are a few youth in the cohort data that are AWOL.

Michigan also has a large number of children in institutional placements compared to the national data. This is partially because Michigan includes all juvenile justice youth in our foster care population regardless of the restrictiveness of the placement. When examining point in time data, at the end of the fiscal year 1998, 74% of the institutional placements were juvenile justice. In 1999, this percentage was 74%, and in 2000, 62%. The number of children in institutions has gone down under the period under review. This is probably because there are fewer juvenile justice youth under FIA's supervision. The cohort data show the same trends in this area. Another reason for the higher institutional rate is the lack of community mental health services. (See [Mental Health Care for Children](#) for more information.)

Michigan has very few group homes. We are below the national average for placements in group homes. We also have more youth living in independent living than the national average.

Foster Care Placements

FIA contracts with private child placing agencies to provide foster care services. Michigan purchases care for approximately 41% of the foster care cases. Private agencies can supervise foster and adoptive home and relative placements. Children in institutional placements are supervised by FIA. (See [Quality Assurance](#) for information on monitoring private agency cases.)

Relative placements have increased during the period under review. Numerous changes were made to Michigan's statute because of the Binsfeld Children's Commission. (**Attachment A.**) Legislation was passed in 1998 that requires the supervising agency (FIA or a private child placing agency) to identify, locate, and consult with parents and relatives to determine if the child could be placed with a fit and appropriate relative. Within 90 days of removal, the supervising agency must make a placement decision and document the decision in writing to various parties. If the relative does not agree with the placement decision, the relative may request that the child's lawyer-guardian ad litem (L-GAL) review the decision. If the L-GAL determines that the decision was not in the child's best interest, the L-GAL petitions the court for a review hearing on the decision. This change was the result of the Binsfeld Commission hearing testimony that many times a child was placed with a foster parent for a length of time but when it came time for the child to be adopted, the child was moved to a relative's home. A

Permanency Assessment

criminal history check (LEIN) and Central Registry check must also be performed on all adult household members within seven days of placement. A home study must be completed and submitted to the court within 30 days of placement.

Foster care policy and Child Placing Agency Licensing Rules require the following Placement Selection Criteria be considered when making a placement or replacement. These criteria are addressed in each service plan, along with documentation of why the particular placement is in the child's best interest:

- Consideration of the permanency planning goal when selecting a placement.
- The placement's ability to meet the physical, emotional, educational and safety needs of the child.
- The child's placement preference.
- Close proximity to the child's family and if this is not possible, the reasons why must be documented within the service plan.
- Placement with siblings.
- The child's and family's religious preference.
- The least-restrictive most family like setting available.
- Consideration to continuing the child's relationships with others and the community.
- Placement with relatives.

Foster Care policy emphasizes placement with siblings. If siblings are not placed together, sibling visitation is required. Second-line supervisory approval is required for each service plan when siblings are not placed within the same home. A parent survey, completed in the fall of 2001, found that 89% of the parents surveyed had more than one child and that, of those children, 77% of the siblings were also in a foster care placement. Sixty-six percent (66%) of those children were placed with at least one sibling. For the siblings not placed together, 69% of them had visits with their siblings and 71.8% of these visits were at least every week. According to the 1999 Supervising Agency Report Card, for sibling groups of two, 33.1% of the siblings were in separate placements; for siblings groups of three to four, this percentage was 54.6%; for siblings groups of five+, this percentage rose to 82.8%. Most foster homes in the state are licensed for four. Michigan does not have a large number of group foster homes. Group homes in Michigan are licensed for five to six children. The Division of Child Welfare Licensing has the authority to grant licensing variances to place sibling groups together. (See [C. Quality Assurance System](#) and [Foster, Adoptive and Child Caring Institution Standards](#) for more information.)

Wayne County and other large metropolitan counties may place children in shelter care at the initial placement. Wayne County has a shortage of emergency foster homes and shelter for children entering care. Children often wait in shelter care for a suitable placement. The Wayne County Foster Care Recruitment Annual Plan details efforts to address the shortage of foster homes. It includes participation in the Foster Parent Mentoring Program. They have developed an Access database system to track the movement of potential foster parents from the inquiry phase and attendance at recruitment events all the way through the final licensing phase. Family to Family in Wayne County is also trying to increase the number and quality of foster families. The goal is to develop a network of family foster care that is neighborhood-based, culturally sensitive and located primarily in the communities in which the children live.

Michigan also has wraparound services and assisted care services that are provided to children in foster care to maintain a family-like setting, rather than an institutional placement. Placement of children less than 10 years of age in residential or other institutional settings of any kind require a written approval for placement from the state-level program office. Wraparound and assisted care must be provided to the child before placement in residential care or the reasons why these services were not provided must be documented. Inpatient psychiatric hospitalization requires this approval in addition to a certification of need from Community Mental Health. Approvals are not granted for more than six months. Extensions beyond six months are granted with documentation. Staff have identified a lack of funding for wraparound and assisted care as having an effect on the type of placement.

In a survey of parents whose children are in foster care, over three-fourths (76%) of the respondents whose child was currently placed out of the home were either very comfortable or somewhat comfortable with the care the child was receiving. Sixty-four percent (64%) of the parents surveyed reported that the caseworker had asked them about possible relatives to care for their child. During targeted case readings, 76% of the children were placed in the most family-like and least restrictive setting possible.

Juvenile Justice Placement Procedures

Juvenile Justice Structured Decision Making (SDM) utilizes a Risk Assessment and severity of offense to determine an initial placement recommendation for all youth committed to FIA and for all temporary court wards supervised by FIA. Risk level and offense severity is used to determine the security level of the placement. Security levels include residential programs (high, closed and open medium and low) and community-based (foster care, relative, own home, supervised independent living, etc.). For residential programs, the greater the severity of the offense and risk level, the more restrictive the placement recommendation.

Once security level is determined, a structured Youth Assessment of Needs and Strengths is used to determine the youth's treatment needs and to match the youth with a treatment program with the capability of addressing those needs within the assigned security level. The Needs Assessment for the youth has 11 life domains where youth functioning is rated from appropriate behavior to severe problems. Several of the life domain areas have specific behavioral indicators of issues or problems that must be addressed in the placement as well.

Residential facilities in the state indicate the security level provided and have completed an Admissions Criteria Report. The Report is the same as the youth assessment where the facility indicates the level of need and behavioral indicators they are able or not able to address.

The local FIA juvenile justice specialist with supervisory approval completes a referral to the Juvenile Justice Assignment Unit (JJAU). The youth's need profile is compared to the Admissions Criteria Report, as defined by participating providers. Agencies with the required security level, program focus and range of services best suited to the individual juvenile are selected as candidates for the youth's placement. When one or more agencies are identified as providing services that meet a youth's security and treatment needs, application is made for

Permanency Assessment

acceptance of the youth into a program and a referral packet is sent to the provider. The juvenile justice specialist workers with the facility on an admission date for the youth. This process is in place due to Michigan statute.

Placement resources for juvenile justice youth are provided by both public and private agencies. The Bureau of Juvenile Justice within FIA operates both short- and long-term residential programs for delinquent youth. These programs have a total bed space and service capacity of approximately 650. Using a cognitive restructuring model, the Bureau has specialized treatment services targeting substance abuse, sex offender, and emotional disturbances. Group and individual interventions are gender specific, family focused, employ cognitive restructuring, relapse prevention, adventure-based, experiential activities, and music and art therapy. The facilities also operate a full-range of educational programming. The Balanced and Restorative Justice (BARJ) philosophy is used in the treatment programs. (See [Juvenile Justice Case Planning](#) for more information on BARJ.) The Bureau operates six Community Justice Centers (CJCs) that provide reintegration services to youth reentering the community from higher security facilities. Current post-release data shows that 78% of serious and chronic offenders released from high and medium secure FIA operated facilities remain free of felony convictions for at least two years.

3. *Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the State.*

Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III & VIII and Cohort Data Elements III & V)

All cases within Michigan must have an established permanency planning goal. Michigan mirrors the national average in the percentage of cases with a case goal of return home. This percentage is higher for the cohort group. This is probably due to the cohort having a high percentage of cases as a first time entry into foster care. Michigan has a higher percentage of cases with a goal of adoption; although this number is lower for the cohort group. There is currently no case plan goal of guardianship but this is being added to our information system this year.

According to the 1999 Supervising Agency Report Card, the average number of months a child spends in out-of-home care before the following placements are achieved is:

Goal Type	FIA	Private Agency	State Total
Return home	8.88	11.39	9.71
Relative	7.95	6.90	7.54
Legal Guardian	7.76	8.03	7.76
Adoption	31.45	32.02	31.80

Permanency Assessment

A survey of parents whose children are in foster care was conducted in 2001. It was found that a higher number of teenagers were in an out-of home placement -- 75% versus 43% for children age five and under. Teenagers were also more likely to have a permanency planning goal other than return home than younger children in foster care -- 19% versus an average of 55% for children age five and under. During foster care targeted case readings, 81% of the cases had a permanency planning goal that had achievable timeframes that were consistent with the child's developmental needs.

In 1999, of the children placed for adoption within Michigan, the percentage of teenagers, age 14 and older, was only 5.7%. The average number of months from termination to adoption placement was also over 12 months longer for this age group.

Michigan retains the use of long-term foster care as a case goal. This goal is used for youth age of 14 and older who are living with a permanent foster family. The goals of return home, placement within the kinship network, termination of parental rights, and adoption must be ruled out before implementing this plan. The foster parents, birth parents, if applicable, the child, and the agency sign a permanent foster family agreement (PFFA). Compelling reasons must be documented within the service plan, which detail why this placement is in the child's best interest.

Children, whose goal is identified as "other", either PFFA or independent living, have a longer length of stay than the other goals. These children are aging out of the system. The median months to discharge for this group was reduced from 27.5 months in 1998 to 23.5 months in 2000. These numbers mirror the national average. Many changes have been made in Michigan to affect permanency for children in foster care.

Parenting Time

Supervising agencies must use parenting time to maintain and strengthen the relationship between parent and child. By facilitating weekly parent/child parenting time, agency staff can positively influence the length of time children stay in the foster care system and the time required to achieve permanence. Binsfeld legislation changes require that if a child is removed from his/her home, the parents must be permitted to have frequent parenting time. The Juvenile Code requires parenting time between parent and child no less than every seven days after the dispositional hearing, unless clearly documented as harmful to the child. Binsfeld changes also require that scheduling of parenting time be done with primary consideration for the parents' time commitment. The supervising agency must institute a flexible schedule to provide a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved.

Foster care policy also requires that parenting time occur in a child and family friendly setting conducive to normal interaction between the child and parent. Use of the Supported Visitation is encouraged. This model identifies parent/child visitation as an opportunity for parents to learn and practice relationship-enhancing interactions, as well as maintain the parent/child bond in the difficult circumstances of foster care placement. Parenting time can be an important opportunity

to prepare and support families in the reunification process. (See [Supportive Visitation: An Opportunity for Change](#) for more information.)

Binsfeld legislation also requires the foster care worker to monitor parenting time. Workers must be sufficiently present during parenting time to be able to monitor and assess in home parenting time between parents and their children. The worker must be able to testify in court regarding the interaction between the parents and children.

Caseworkers and parents must work together to identify the needs of the children that should be met during parenting time which will display the changes in parenting necessary for reunification. These changes must be behaviorally specific, developmentally appropriate, and documented in the Parent-Agency Treatment Plan and Services Agreement, along with the location, length, and frequency of parenting time.

LEIN checks must be conducted on all adult household members and non-parent adults when children will be having parenting time within a parent's home. Unless ordered by the court, children may not have parenting time within the home of a parent, if any adult household member or non-parent adult has a conviction for one the following crimes:

- child abuse/neglect;
- spousal abuse;
- a crime against children (including pornography); or
- a crime involving violence, rape, sexual assault, or homicide but not including other physical assaults or battery.

If the individual who was convicted of one of the above crimes is a non-parent adult, first consideration should be given to requesting that the individual who presents the risk be ordered to leave the home.

If the results of the LEIN check reveal that a member of the household has a conviction within the last five years for: physical assault, battery, or a drug related offense, this information must be assessed to determine whether there are safety issues that must be addressed.

Binsfeld legislation requires if parenting time, even if supervised, is harmful to the child, the court must order the child to have a psychological evaluation and/or counseling, to determine the appropriateness and the conditions of parenting time. The court was granted the authority to suspend parenting time while the psychological evaluation and/or counseling was conducted. Parenting time is also suspended at the time a termination petition is filed with the court. The court can continue parenting time if the court makes a determination that parenting time will not harm the child.

Absent/Putative Parents

Three issues that affect permanency for children in foster care are: early identification of putative father, notification of court proceedings to these individuals, and locating absent parents.

Evidence from focus groups indicates that fathers, in particular, are not identified early in the case and they show up in court prior to the permanency planning hearing asking for a chance to

be reunified with their children. In order to address this problem, foster care workers have had access to the Federal Parent Locator Service since September 2000; although foster care workers had to know the absent/putative parent's SSN. Effective April 1, 2002, foster care and juvenile justice cases must be referred to the local FIA Office IV-D Child Support Specialist. For new cases, this referral will take place at case opening. It is hoped that this process will result in earlier identification of putative fathers and location of absent parents.

The Court Improvement Program (CIP) has also piloted an Absent Parent Protocol for use by courts and child welfare agencies to insure that absent parents are given due process in child protective proceedings beginning with the preliminary hearing. Kent and Ogemaw Counties piloted this program. No data is available; although anecdotally, both courts indicate a very successful pilot with more attention being paid to due process for fathers. Due process for putative dads is still a problem. FIA plans on working with the CIP on this issue in the future, earlier identification of legal fathers will assist in achieving permanency. Statewide distribution of the Protocol is planned for later in 2002. (See [B. Case Review System](#) for more information on parental participation.)

Changes in Legislation to Effect Permanency Outcomes

Changes in statute were also enacted for the court system. A review hearing must be held every 91 days for all children in foster care; except for children placed permanently with a relative or in a permanent foster family agreement. The court must hold review hearings for these children every 182 days after the first year of placement. Prior to 1998, review hearings were only held every 91 days during the first year of placement and 182 days thereafter.

A permanency planning hearing (PPH) must also be held one year after the petition requesting removal is filed with the court and yearly thereafter. Prior to 1998, the PPH was held 364 days after the dispositional court hearing. This usually meant the hearing was held 14 to 15 months after the child entered care. At the PPH, if the court finds that the child should not be returned to his/her home, the court must order the agency to file a termination petition with the court unless the court finds that initiating termination of parental rights is clearly not in the child's best interest.

A PPH is also held within 28 days after a mandatory petition is adjudicated and the allegations in the petition are found to be true. At this PPH hearing, the request for termination of parental rights is considered by the court.

Other Binsfeld legislative changes were made to court procedure to prevent the adjournment of court cases. The court can only adjourn a hearing or grant a continuance regarding a case for good cause and not solely upon the convenience of a party. Factual findings must be made on the record. In addition to factual good cause, the court may only adjourn a hearing or grant a continuance if either of the following is true:

- A party moves for the adjournment or continuance in writing at least 14 days before the hearing.

Permanency Assessment

- Upon the court's own motion, an adjournment or continuance be granted if the delay is in the child's best interest and for a period of not more than 28 days, unless the court states on the record the specific reasons why a continuance is necessary.

According to the FCRB 2000 Annual Report and focus groups with CASA representatives and FCRB members, caseworker change and frequent delays in court hearings continue to impede permanency for children in foster care. (See [B. Case Review System](#).)

Caseworker Change

Binsfeld legislation enacted in 1998 requires the supervising agency to strive to achieve a permanent placement for a child no more than 12 months after the child is removed from his/her home. The law also states that the 12-month goal is not to be extended or delayed for reasons such as a caseworker change. The Binsfeld Commission heard testimony that caseworker turnover resulted in delays in permanency.

According to the 1999 Supervising Agency Report, for children in care at least three months through case closure, the percentage of children in foster care who have had 1 or more workers:

Workers	Statewide	FIA Supervised	Private Agency
One worker	53.5%	52.1%	56.5%
Two Workers	30.2%	30.5%	29.5%
Three Workers	10.2%	10.4%	9.7%
Four or more	5.9%	6.8%	4.1%

When looking at the range of the number of workers per child, FIA had a range from one to 31. The range for private agencies was one to 14.

FIA staff have more work experience within FIA. Sixty-six percent (66%) of the FIA staff have more than 18 months working for FIA. Fifty-one percent (51.9%) of the private agency workers had more than 18 months with the same private agency.

FIA is attempting to address staffing issues. (See [Staffing](#) for more information.)

Lawyer-Guardian ad Litem

Binsfeld legislation requires that every child in foster care be appointed a lawyer-guardian ad litem (L-GAL) to represent them in court. The law mandates that the L-GAL be present at all hearings concerning the child and that substitute counsel cannot be present unless the court approves. The L-GAL must remain the child's attorney throughout the child's case and cannot be discharged by the court except for good cause. Courts contract with private attorneys to fulfill this requirement. Duties of the L-GAL include:

- Conduct an independent investigation of the child's situation by interviewing relevant parties, the child's parents, foster care/kinship caregivers, guardians and caseworkers.
- Meet with the child before each hearing, to review the agency case file and reports and consulting with relevant parties.

Permanency Assessment

- Explain to the child the proceedings in an age appropriate manner.
- Determine the child's best interest regardless of the child's wish; although the guardian ad litem must present the child's wish to the court.
- Monitor implementation of the service plan and compliance by all parties with the service plan.
- For permanent wards, the law allows for communication between the MCI Superintendent and the child's L-GAL regarding issues of placement and permanency planning. (See [Adoption Policy Office](#) for more information on the MCI Superintendent.)

Youth interviews were conducted to determine whether L-GAL were meeting with their clients. The majority of youth interviewed had not met their attorney or guardian ad litem. Some of the youth reported going to court regularly where they see their attorney's briefly before court. One (1) youth claimed that the attorneys are students and change every quarter so no effort was made by the youth or attorney to develop a relationship. Some youth are not interested in the court proceedings. (See [Permanency Services](#) for more information on the youth interviews.)

Testimony given in the Michigan House of Representative subcommittee, House Family and Children's Services Child Protective Services, found that children in foster care were not being adequately represented by the L-GAL. During focus groups with staff, foster parents, FCRB members and CASA, inadequate representation was an issue effecting permanency. All focus groups reported that some attorneys were very diligent about representing children and others were not. Most believed this issue was related to reimbursement for services. Most courts do not reimburse attorneys for out of court work. The Foster Care Review Board 2000 Annual Report also found inadequate representation for children in foster care. They recommend that standards be set for the following:

- Caseload size.
- Qualifications and training.
- Fees paid to L-GAL in order to adequately compensate L-GALs.

The Michigan Court Improvement Program, in conjunction with the Children's Justice Act Task Force, has hired the American Bar Association to evaluate the implementation of the L-GAL statute.

Permanency Planning Mediation Program

The Michigan Court Improvement Program (CIP) has implemented a pilot Permanency Planning Mediation Program (PPMP) in 10 counties. The Children's Justice Act Task Force is contributing to an evaluation of the pilot projects to measure the level of participant satisfaction with the process and determine if mediation expedites permanency for children. Training has been provided to all of the pilot sites to ensure statewide consistency with the original model established for this program. The following are examples of cases where mediation is used:

- To resolve conflicts with parents and relatives regarding placement of a child.
- In cases where disputes are delaying permanency.
- To stabilize the placements in cases where there are many disrupted placements.
- When a child is being returned home, to assist in the transition from the foster home to the birth home.
- Prior to the permanency planning hearing.

Permanency Assessment

- Post-termination when multiple families want to adopt or to assist in the transition from a foster home to an adoptive home.

A grant is being sought in order to secure an evaluation of the pilot projects. Outcomes to be measured will include the level of participant satisfaction with the process and whether mediation expedites permanency for children.

Foster Care Review Board Administrative Reviews

The Foster Care Review Boards (FCRB) are volunteer citizen review boards that operate in every county in Michigan. Some rural counties share a board. The FCRBs were expanded statewide as a result of the Binsfeld legislation in 1998. Training is provided to all board members. The FCRB meets on a monthly basis. At these meetings, they review four to six sibling groups of children in foster care. These same children are reviewed every six months until a permanent placement has been established. The case material is read and then interested parties are interviewed. The FCRB reviews the case for appropriateness of the placement and the types of services provided, the number of placement settings, and the amount of progress towards the permanency plan by the agency and the parents. They also identify barriers to permanency for each case. These hearings are open to the parents, children, foster parent or relative caregiver, attorneys, foster care caseworker, and other service providers for the family. At the end of the interviews, the FCRB makes a report of recommendations. This report is sent to the court, the supervising agency, prosecuting attorney, and other interested parties. The court uses the report at its own discretion. In 1999, of the temporary wards reviewed by the FCRB, 33% were placed with their parent, 44% were adopted, and 23% had another permanency goal. (See [B. Case Review System, Quality Assurance and Stability of Foster Care Placements \(Point-in-Time Data Elements IV & XI and Cohort Data Element IV\)](#)) for more information on the FCRB.)

Court Appointed Special Advocate (CASA)

Michigan also has a CASA program that operates 18 programs in 17 counties and in two tribal courts. A CASA volunteer is assigned to a sibling group to follow them during the time they are placed in foster care. The CASA visits with the children, their family, foster parents, services providers, therapists, and others involved in the children's lives. They also attend all court hearings. The CASA submits a report to the court with recommendations regarding the child's best interest. They share this information with the judge, attorneys, and caseworkers.

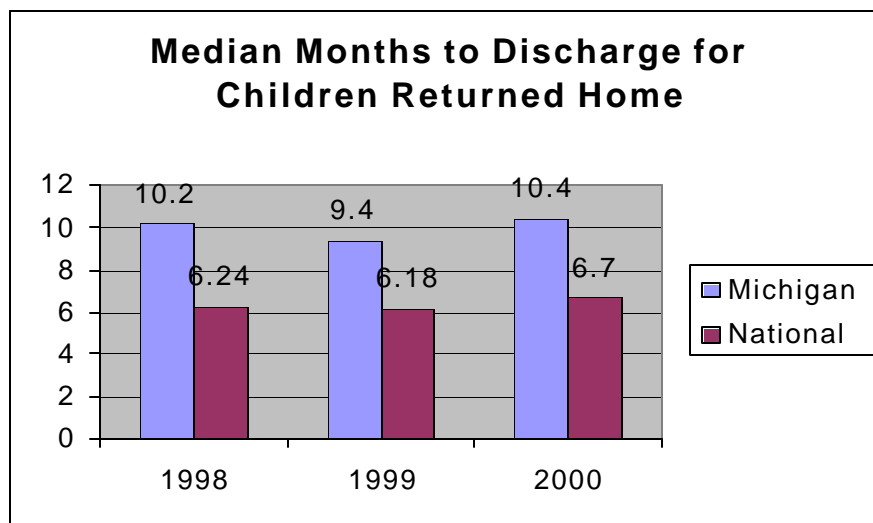
Juvenile Justice and Permanency Planning

Court hearings for juvenile justice cases take place every 182 days. Most of their stay in care is determined by treatment. Juvenile justice staff reported during a focus group that often times return home, termination or adoption are not appropriate goals for delinquent youth. The goal of independent living is the most appropriate but there are limited funds for IL for juvenile justice youth in Michigan.

4. *Discuss whether the State's data regarding achievement of reunification within 12 months from the time of the latest removal from home conform to the national standards for this indicator. Identify and discuss issues affecting conformity and how the State is addressing the issues.*

Achievement of Reunification (Point-in-Time Data Element IX)

Michigan does not meet the national standard (76.2%) for percentage of children returned home in less than 12 months, at 53.8% in 1998, 58.1% in 1999 and 52.9% in 2000. The median months to discharge for children reunified with their parents is also greater for Michigan than the national average; although the data shows a lower percentage of reentries into foster care within 12 months than the national standard.



A high percentage of the cohort group was reunified with their parents, 80% in 1999 and 2000.

Michigan did not appropriately report children on trial home visits with its data submission for the CFSR. Children who are returned home were reported as discharged from foster care on the date they were returned home. For the years under review, the number of children placed within their home on the last day of the fiscal year was 3722, 3771 and 3307. The majority of the time when children are returned home, the court and FIA supervise the placement to determine if the child is safe within the home. Michigan is going to change our data submission for AFCARS in the 2002A submission to include these children within their homes for six months. After the sixth month, they will be reported as discharged from foster care.

Michigan law does not comport well with this national standard nor does ASFA support the less than 12 month timeframe. The permanency planning hearing in Michigan is held one year after the petition is filed with the court requesting the child's removal. At this hearing, the court reviews the child's status and the progress being made towards the child's return home or to show why the child should not be placed in the permanent custody of the court. At this hearing, the court must consider evidence that a return to the parent would cause a substantial risk of harm to the child's life, physical health, or mental well-being. If the court determines that the

return of the child to his/her home will not cause a substantial risk of harm, the court must order the return of the child. Failure of the parent to comply with the parent-agency agreement is evidence that return home would cause a substantial risk of harm. From focus groups with staff and CASA, it was learned that many times a plan for reunification is begun at the PPH. Increased visitation between the parent and the child are started after the PPH but return home does not actually occur until the 15th month. CASA also believes that this 12-month timeframe is arbitrary and that the best interest of each child needs to be considered when returning the child to his/her home. (See [Permanency Planning Hearing](#) for more information.)

Foster Care Structured Decision Making

In an effort to provide services that are more effective to families with children placed in foster care, FIA implemented structured decision making (SDM) procedures for foster care statewide in October 1999.

The FIA's objectives for the foster care SDM initiative were: 1) to develop case management procedures which expedite agency efforts to achieve permanency for children entering foster care placement; 2) to provide a prototype design for a new foster care case management information system; and 3) to help FIA comply with ASFA.

The SDM procedures were designed to enhance FIA's existing foster care case management system that already incorporated well-defined case planning and review procedures. The major innovations of foster care SDM include:

Structured assessments for developing the initial service plan (ISP). An ISP is completed within 30 days of a child's entry into foster care. Workers use structured Strengths and Needs Assessment to evaluate the strengths and treatment needs of the removal household and all other households with a legal right to reunification. The family assessments were designed to identify the primary barriers to reunification of the child with the family and to guide workers in their effort to develop an effective and focused ISP.

Enhanced treatment planning using the results of the structured assessments. Staff are required to develop services plans, in conjunction with the family, that specifically address the identified barriers to reunification. Goals and objectives must be developed, identifying services to reduce risk of subsequent harm to the child. The goals and objectives must be clear and consistent with measurable outcomes.

A Reunification Assessment for developing the updated service plan (USP). After completion of the ISP, a Reunification Assessment is conducted at 90-day intervals to evaluate progress towards the case plan goals. At each USP review, workers systematically evaluate family progress in addressing the barriers to reunification identified in the initial plan and assess parental visitation. This information is used to amend the service plan and expedite case management decisions to achieve reunification, adoption, or other viable permanency goals for the child.

Permanency Assessment

The Reunification Assessment includes these components:

- An evaluation of the family's progress in reducing the barriers to reunification identified in the initial plan (i.e., substance abuse, parental skill deficits, etc.).
- An objective assessment of the parental visitation (frequency, quality, etc.) in the preceding 90-day period.
- When case plan progress warrants planning for reunification, a family Safety Assessment helps workers to evaluate the danger of harm prior to returning the child home and to plan the supportive service interventions necessary to protect the child and support the family after reunification.
- Clear decision protocols and policies for using the reunification assessment findings to expedite permanency.

The decision-making protocols are based on the following principles:

- When families reduce barriers (reduce risk of subsequent harm) to an acceptable level and maintain appropriate parenting time with their children, and maintain a safe household, the children should be returned home.
- When families do not reduce barriers to an acceptable level and/or fail to meet parenting time responsibilities at an acceptable level and/or the home remains unsafe, the goal should be changed from return home to another plan for permanency.

The outcomes of each quarterly Reunification Assessment are tracked to determine the policy recommendation. If, at the first Updated Service Plan, a family has shown poor barrier reduction or refused services or has an unsafe home, the worker is required to consider changing the goal from return home. The child remains in placement. However, if the family continues to make poor progress at the service plan, policy requires that the goal be changed from return home to another permanent plan goal. (See [Case Plan Requirements](#) for more information on SDM.)

Management information reports to monitor SDM implementation. The use of structured case assessments make it possible for workers and supervisors to monitor critical indicators of case progress that impact the achievement of permanency. Consequently, SDM is being incorporated into the SACWIS information system (SWSS FAJ) to record the assessment information described above and report it to agency supervisors so they can more effectively manage service delivery. (See [A. Statewide Information System Capacity](#) for more information.)

Barriers to Reunification

A survey of workers found that the three primary barriers to reunification, as identified by the Family Strengths and Needs Assessment, were parenting skills (68%), emotional stability (60%), and substance abuse (42%). Twenty-six percent (26%) of the parents surveyed reported that they had an unmet need. The greatest unmet needs were housing and family counseling.

There is a great deal of emphasis placed on Family Preservation and prevention services in Michigan. Therefore, children who are removed frequently come from families with serious problems, e.g., substance abuse, domestic violence, and serious problems with attachment, bonding, and parenting. These issues were identified by staff and CASA members in focus

groups and by the FCRB 2000 Annual Report as having an impact on reunification rates. The report also identifies housing as a barrier to reunification.

Parental substance abuse is difficult to adequately address within 12 months. Binsfeld legislation was passed in 1998 that requires substance abuse licensees who have a waiting list for services to give priority to a parent whose child has been removed or is in danger of being removed because of substance abuse. This has not helped to reduce the waiting list for substance abuse treatment.

The Substance Abuse and Child Welfare Task Force was convened in May 1999, by the FIA. The purpose of the Task Force was to examine the issues of policy, funding and services delivery and to make recommendations that would improve services to the parents of children involved with CPS and foster care. The task force is assisting communities in developing protocols between FIA child welfare and substance abuse providers to coordinate better services. They will also assist communities with efforts to educate and train staff in both disciplines on mutual roles and responsibilities and coordination of assessments and treatment. Three (3) counties have implemented a cross-system protocol and several counties in the Michigan are in varying stages of protocol development.

The Task Force is also working to implement Family Drug courts in Michigan. Three (3) statewide trainings have been provided on the family drug court model. Genesee County has an established drug court. Kalamazoo, Kent, Eaton, and Macomb counties are in the process of implementation. Barry, Wayne, Oakland, Macomb, and Berrien counties currently have juvenile drug courts.

Since 1998, the court has had the authority to order the non-parent adult, mother or father's significant other, to participate in the case service plan when the child is placed in foster care. The court has this authority regardless of whether the non-parent adult lives within the home. This is happening, but often times these partners are not invested in the plan. There is also a lack of adequate services for perpetrators of domestic violence. There are domestic violence shelters in each county in Michigan but treatment for perpetrators is limited and often not successful.

Mental health services are not available to treat both parents and children. Community Mental Health (CMH) services are very difficult to obtain. Often waiting lists prevent families from receiving treatment. CMH accepts Medicaid to pay for services, but most families in Michigan are in managed care services and there is a limit to the number of therapy sessions. Many parents do not receive Medicaid and in order to receive CMH services, they must meet the criteria for a mental health diagnosis. Children in foster care are not in managed care but the capacity for CMH to serve these children is low. If a child is placed in a different county from which they were removed this also creates problems with funding for services. Child Safety and Permanency Plans provide funds for fair market rate contracts for counseling services. This outreach counseling is available at the local level through a contracting process but the rate of reimbursement is not high and the quality of these services may not always be the best.

Delays in children and families receiving services also results in longer stays in foster care. CASA representatives reported that worker caseload size prevents them from referring families to services until right before a court hearing. There is often a scramble to conform at the end of a

Permanency Assessment

time frame and the family does not benefit. Services need to be provided immediately to families when a child enters care.

For juvenile justice youth, treatment issues have an impact on reunification. Most treatment programs are 12 to 18 months in duration.

Reunification Services

The Family Reunification Program provides an array of intensive in-home services to families. The program enables an earlier return for children who have been placed in out-of-home settings. A referral can be made up to 30 days prior to the children returning home to prepare for the transition. It improves child safety, reduces the length of out-of-home stay, and reduces re-entry into out-of-home care. A team approach is used to serve a family with a flexible range of supports to address the specific needs of each family. Sixteen (16) counties currently use this service, including Wayne County. In October 2002, it will be expanded to six more urban counties and will be operational in counties that cover at least 80% of the caseload. During fiscal year 2001, 440 families were served with 86.4% of the families completing the service with their children remaining at home.

Each county FIA office is required to develop a Child Safety and Permanency Plan (CSPP). Funding is made available through an allocation for each county but the allocation is released only after the CSPP is developed and approved at the state level. These plans address the need for county-based programs that will increase safe community alternatives for children at risk of removal from their families. Other goals of the CSPP process are to expedite the return home of children from foster care and to provide for alternate safe placements when children are not able to return home. This process gives local flexibility to contract with providers to deliver a continuum of child welfare services.

The Wraparound process coordinates services to families allowing children to remain safely in their homes. It can also be used to facilitate the child's return home, or prevent the escalation to out-of-home placement. FIA is a partner in the process with the Department of Education and the Department of Community Health. Wraparound is based on the collaborative community partners such as education, mental health, the courts, public health, Native American Tribes, faith-based organizations, and many others. Wraparound was used with approximately 2,000 families during FY 2001 in 75 counties. The decision to have the wraparound process available to families in a given county is made locally.

Strong Families/Safe Children (SF/SC) is also available to provide services to families. Twenty percent (20%) of the funds are used for time-limited family reunification services. The services must be tied to specific outcomes of child safety, permanency and improved family functioning. Outcomes/objectives/indicators for each service are targeted towards ultimately achieving one of the primary goals. (See [E. Service Array and Resource Development](#) for more information on these programs.)

Safety Issues

Binsfeld legislation allowed FIA access to the Michigan Law Enforcement Information Network (LEIN). LEIN contains criminal history information. Access to LEIN assists FIA in investigating abuse and neglect allegations, and helps to ensure child and worker safety. During 2002, Michigan is in the process of placing a LEIN machine in each local FIA office to allow quick access to the following LEIN information: criminal history information, sex offender registry, missing/wanted persons, prison and parole information, gun registration/permits, Personal Protection Orders, officer cautions, and driver's license information. Criminal history information from other states and Canada is not available to FIA offices. Beginning October 1, 2002, the name of a person who violates a Personal Protection Order will also be added to LEIN and this information will also be available to FIA employees.

LEIN documents must be shredded after review. FIA workers incorporate verified information from LEIN in narratives, safety plans, and/or petitions but do not retain the LEIN document within the case record. Verified information is defined as information obtained from credible sources, e.g., police or court personnel, which corroborates information obtained from LEIN. An example is a police reports that contain information about arrests for violence in the home.

Foster care policy, effective within the implemented counties, requires a LEIN check be conducted on all adult household members and non-parent adults for all cases:

- when a child will be having parenting time within a parent's home;
- when a return home is being considered; or
- when a child is placed at home and new individuals move into the home or there is a new non-parent adult involved with the family.

Evaluation of this information is used to assess risk and the decision regarding the safety of the child. Unless ordered by the court, children may not have parenting time or be placed within the home of a parent or a relative if any adult household member or non-parent adult has a conviction for one of the following crimes:

- child abuse/neglect;
- spousal abuse;
- a crime against children (including pornography); or
- a crime involving violence, rape, sexual assault, or homicide but not including other physical assaults or battery.

If the person convicted of the above crimes is a non-parent adult, consideration is given to requesting that the individual who presents the risk be ordered to leave the home. The court has the authority to order the individual to leave the home. (See [Children Entering Foster Care Based on Child Abuse and/or Neglect \(CA/N\) Report \(Safety Data Element IV\)](#)) for more information.)

This policy will be effective statewide in August 2002 when all local offices have access to LEIN. Current policy recommends a LEIN check in the above mentioned circumstances but one is not required. (See [D. Staff and Provider Training](#) for information on LEIN training.)

Permanency Assessment

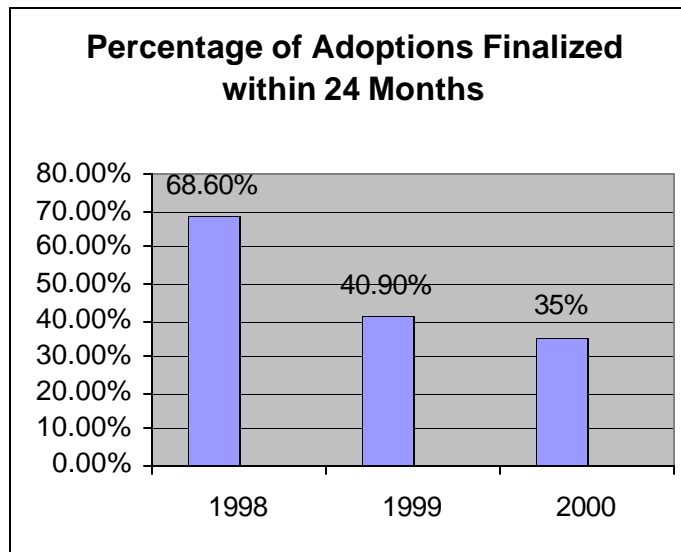
For children in foster care, the court of jurisdiction must notify the physician of the time and place of a hearing where consideration is given to returning the child to his/her home if the physician has diagnosed a child with any of the following conditions:

- Failure to thrive.
- Munchausen's syndrome by proxy/ Pediatric Condition Falsification.
- Shaken baby syndrome.
- A bone fracture that is diagnosed by a physician as being the result of abuse or neglect.
- Drug exposure in utero,

In a mail survey of FIA foster parents, 55% reported that they “strongly agreed” or “agreed” with the statement, “foster care workers consider a child’s safety when returning children to their home.”

5. *Discuss whether the State’s data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues.*

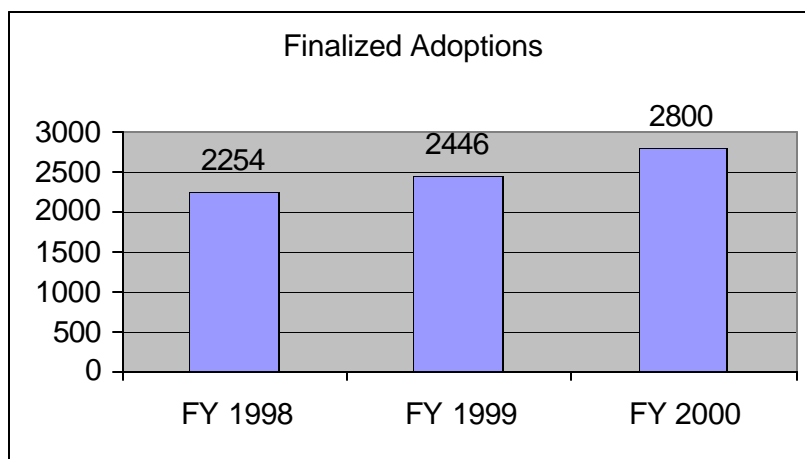
Achievement of Adoption (Point-in-Time Data Element X)



Michigan has met the national standard in all three years for percentage of children whose adoption was finalized within 24 months of removal; although our percentage has decreased significantly over the three-year period of time. This is possibly the result of an increase in the number of cases where parental rights are terminated and the resulting increase in the number of appeals. In 1998, when Binsfeld mandatory petitions were instituted, the number of parental appeals increased by 8% from 1997. In 1999, there was a 34% increase from 1998. In 2000, there was a 17% decrease from 1999. A decision on an appeal of parental rights normally takes one year. This results in a delay of the finalized adoption.

Permanency Assessment

The median length of time to adoption has also increased over the three-year period. It has gone from 12.8 months in 1998, to 29.6 months in 2000; although Michigan is well below the national average of 43.17 months in 2000. According to Michigan Adoption AFCARS data, the numbers of finalized adoptions completed during the period under review were:



This is an increase of 24%. There has also been a 22% increase in the number of cases where parental rights have been terminated. Ninety percent (90%) of the foster children adopted in Michigan are adopted by either a relative or their foster parents.

Since January 2000, there has been a 20% decrease in the number of children who are unmatched on Michigan Adoption Resource Exchange (MARE).

Adoption Policy Office

Michigan has been recognized as a leader for our innovative approach to adoption and our high adoptive placement rates. The success of Michigan's program can be attributed to the unique partnership between the public and private agencies responsible for adoption planning and placement of foster children who become permanent wards of the state.

Foster care agencies under contract with FIA licensed to provide adoption services and all non-profit licensed adoption agencies without a foster care program are offered adoption contracts. Payment for adoption is based on an outcome based reimbursement system. Agencies are rewarded for achieving outcomes related to the timeliness of placement.

Michigan has the Office of the Michigan Children's Institute (MCI). It was created to assure the proper care of children needing services from the state. In 1935, the law established the MCI Superintendent as the legal guardian for children committed to MCI when parental rights have been terminated. The Superintendent is authorized to consent to adoption, emancipation, and marriage of MCI wards. Children who have been committed to MCI, whose permanency plan is other than adoption, usually remain under the MCI's supervision until age 19.

Permanency Assessment

The Adoption Policy Office administers the adoption subsidy program. This program provides financial support subsidy and/or medical subsidy to encourage the placement of special needs children with adoptive families. Support subsidy assists with the cost of the basic support and care of the child and the medical subsidy helps with the costs of the necessary treatment for a physical, mental, or emotional condition, which existed, or the cause of which existed prior to the adoption.

The purpose of the support and medical subsidies is to remove financial barriers to the adoption of Michigan children with special needs. An adoptive child may be eligible to receive a support subsidy or a medical subsidy or both. The subsidies are intended to help with the costs of raising the child and are not intended to cover every expense.

Michigan Adoption Resource Exchange (MARE)

The Michigan Adoption Resource Exchange (MARE) is a service that FIA purchases from a private agency. In addition to its activities of adoption promotion, recruitment, and training, MARE operates a state ward tracking system for all state wards whose goal/plan is adoption. It also publishes a monthly photolisting book for all children who do not have an identified adoptive family. Photolisted children are also listed on the MARE website. FIA policy requires that all children be photolisted in the MARE book if an adoptive family has not been identified within 90 days of the termination of parental rights. For children who do have an identified family, the child's status is considered on "hold", pending adoption. MARE regularly sends tracking information to the responsible local FIA office or private agency. If a child on "hold" is not adopted within 12 months, FIA conducts an administrative review through its zone office to determine the barriers to adoption and how they can be removed. (See <http://www.mare.org> for more information.)

Changes in Legislation

Binsfeld changes were made to Michigan statute in 1998 that require a child be placed on MARE within 90 days after parental rights are terminated if an adoptive family has not been identified. If a child is placed on "hold" status, meaning an adoptive family has been identified, registration on MARE is required after 6 months.

Foster Care Review Boards are also required to select permanent wards for review in the following types of cases:

- Children who are registered on MARE who have been on "Hold" status for more than 12 months.
- Wards who have not been registered on MARE and parental rights were terminated over six months ago and there is no permanency plan documented for the child.
- Wards who are less than 12 years of age and have been listed in the MARE photolisting for more than six months and for whom no family has been identified.

In 1999, of the permanent ward cases reviewed by the FCRB, 87% of them have been adopted.

Binsfeld statutory changes of 1998 require the supervising agency to release the following information to a prospective adoptive parent before adoption:

- Petitions that resulted in placement of the child in foster care.
- All service plans while the child was in foster care.
- Medical and psychological information known to the agency.

The agency must hold a conference with the prospective adoptive parents to discuss the information and they must document the conference in writing.

Resolving Barriers to Adoption

During focus groups with staff and CASA members the top barriers to adoption were identified as:

- Difficulty in getting approval for adoption subsidy.
- Age and special needs of children in foster care, particularly teenagers.
- Changes and redistributing adoption staff to other child welfare areas.

FIA has instituted the following changes in order to resolve barriers to adoption:

- Michigan statute requires a 30-day standard of promptness for the adoption subsidy certification process. To insure that this standard is met, the adoption subsidy program has instituted several changes:
 - Increased use of technology to process applications.
 - Immediate review of the application packet for required information.
 - Developed a checklist for field staff.
 - Expanded policy to clarify procedures.
 - Provided comprehensive training to new workers.
 - Modified staff roles and responsibilities.
 - Expedite critical cases.

These changes helped the subsidy unit to meet the SOP, however, late in FY 2001, the subsidy unit experienced increased operational demands that impacted timeliness resulting in a 45- to 60-day certification process. The subsidy unit has implemented the following strategies to meet the SOP: proposed statutory and policy changes, allocation of a new position, and a work study is being conducted.

- Adoption staff allocations have increased; 17 new positions were allocated in FY 2000 and in FY 2002, Wayne County FIA was allocated six new positions for hard-to-place children.
- Six (6) contracts were awarded for Regional Post Adoption Support Services in FY 2001. Wayne and Oakland Counties are in the process of implementation. The regional offices provide short-term crisis intervention and advocacy for services within the adoptive families' community. They also have a recreational activity for adoptive families once per quarter.
- A contract was awarded to the Wayne County Attorney General's Office to pilot a program to address the backlog of appeals from February 2000 to September 30, 2001.
- Wayne County Barrier Busters Committee met for 18 months to identify barriers to adoption. The court and/or FIA implemented approximately 10 recommendations.

Permanency Assessment

- SCAO Adoption Discussion Group identified multiple issues and recommendations for improving permanency for children, how to have more effective post-termination hearings and addressing systemic concerns in the court and FIA.

The Michigan Federation of Private Child and Family Agencies publishes an annual member directory of post adoption services provided by its member agencies and available to adoptive parents. MARE also publishes an annual directory of post adoption services, available from each public and private adoption agency and service providers.

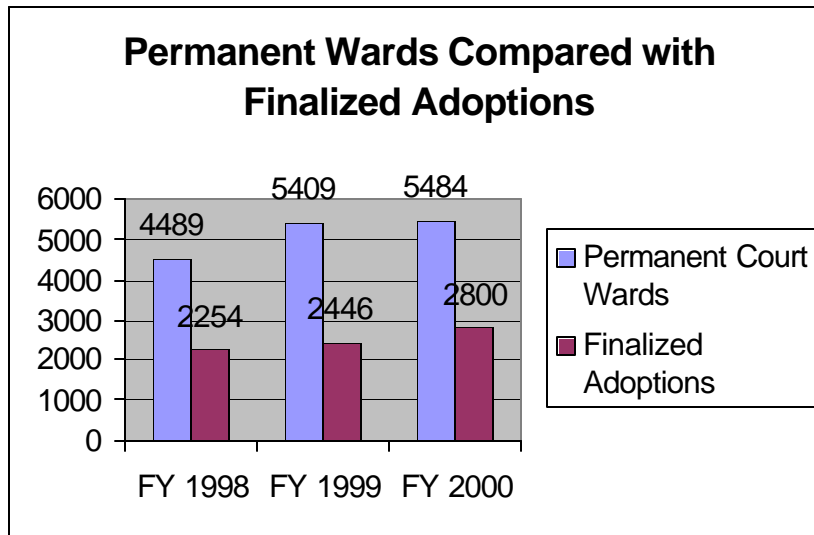
Recruitment

MARE established family recruitment consortiums in 1998 with adoption agencies throughout the state to develop publicity and recruitment materials and orientation and training opportunities for interested families. A primary focus of the training is to recruit for older children. Approximately 500 individuals have participated in the training. (See [Adoption Recruitment](#) for more information.)

6. *Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the most recent 22 months, for abandoned infants, and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions.*

Termination of Parental Rights (TPR) (Point-in-Time Data Element VI)

Michigan has a lower percentage of the children in care who have been in care for 17 of the most recent 22 months. We have approximately 32% over the three-year period versus 52% for the national average.



Using data collected in Michigan the number of foster care cases where parental rights have been terminated (permanent wards) has increased by 22% since 1998. Termination of parental rights on a juvenile justice case occurs very infrequently. The juvenile justice youth must also be adjudicated as an abuse/neglect ward for parental rights to be terminated. The increase in the number of terminations has resulted in an increase in the number of children adopted; although there is a concern that Michigan is creating “legal orphans” and is not considering a child’s best interest when filing and supporting termination petitions. Of the 5,902 children in foster care whose parent’s rights were terminated in September 2001, 37% of them were age 12 or above.

The Michigan Child Protection law mirrors the ASFA mandatory termination petition requirements with the inclusion of a provision for termination of parental rights if a parent has voluntarily released parental rights to an abuse/neglect court ward and there is current risk to the child. These petitions must be filed within 24 hours of CPS making a determination of abuse/neglect and contain a request for termination of parental rights at the dispositional hearing.

Michigan statute requires a permanency planning hearing (PPH) within one year after the petition requesting removal is filed with the court and annually thereafter. At the PPH, if the court finds that the child should not be returned to his/her home, the court must order the agency to file a termination petition with the court unless the court finds that initiating the termination of parental rights is clearly not in the child’s best interest. Michigan statute requires the termination petition to be filed within 42 days of the PPH; although there are no sanctions for not filing within the timeframe. At the PPH, the supervising agency either recommends return home, termination of parental rights or they document a compelling reason why termination of parental rights is not in the child’s best interest. Policy supports documenting a compelling reason or filing the petition to coincide with the 12-month timeframe and the PPH, rather than waiting for the 15th month. (See [Permanency Planning Hearing](#) for more information.)

Termination petitions may be filed at other times.

Permanency Assessment

Binsfeld legislation in 1998 required the court to issue an opinion or order regarding a petition for termination of parental rights within 70 days after the commencement of the initial hearing on the petition. However, if the court fails to issue an opinion within the 70 days, the petition is not dismissed.

Data was collected in 1999 on children who had been in out-of-home care for at least 15 months. Of the foster care cases which met the criteria, 40.3% of them had a termination petition filed, 41.8% had a compelling reason documented, and 17.9% had either been returned home or the case was closed. For the juvenile justice cases, .6% had a termination petition filed, 80.5% had a compelling reason documented within the case plan, and 18.9% had been either returned home or the case was closed.

New data was collected in February/March 2002. Forty-one percent (41%) of the foster care cases had a termination petition filed, 47% had a compelling reason, and 12% had either been returned home or the case was closed. Eighty-two percent (82%) of the juvenile justice youth had a compelling reason documented, .9% had a termination petition filed, and the remaining youth were either returned home or their case was closed. Seventy percent (70%) of the juvenile justice cases had a compelling reason of, "youth in custodial care and treatment services are not yet completed."

The data on termination petitions/compelling reasons was not collected by age. Three (3) of the compelling reasons used in Michigan are based on age. These are:

1. The youth is age 14 or older and refused to consent to adoption. (In 2002, this reason was used for foster care in 21% of the cases and juvenile justice, 9%.)
2. The youth is age 18 or older (Foster care, 5% and juvenile justice, 7%).
3. There is a permanency goal of independence expected within the next 18 months (Juvenile justice only, 8%).

This data was collected manually, but will be collected in Michigan's SACWIS system beginning in January 2003. A quarterly report is sent to each county that lists the cases that are projected to be open for 15 months during the quarter. Michigan will be able to correlate the data with the child's age and reason for placement once the data is collected within the SACWIS system.

7. *Using data element XI on the point-in-time permanency profile, discuss whether the percentage of children in the State who have been in foster care less than 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (cohort data) compared with the total population of children in care (permanency data), identify and discuss those issues.*

Stability of Foster Care Placements (Point-in-Time Data Elements IV & XI and Cohort Data Element IV)

Michigan is very close to the national standard (86.7%) on the number of children who have had no more than two placement settings during the first 12 months of care. During the period under review, the percentage of children is 85.2% for 1998, 84.9%, for 1999, and 86.2% for 2000. There are a higher percentage of children in Michigan, 68%, who only have one or two placement settings than the national average of approximately 53%. The cohort group also has a higher percentage, approximately 80%, with only one or two placement settings than the general foster care population.

Sixty-seven percent (67%) of children in foster care, regardless of length of stay, have had no more than two placement settings subsequent to removal according to the 1999 Supervising Agency Report Card. Michigan does have about 10% of the foster care population that has five or more placement settings within the current episode. This is a concern for Michigan, but this percentage is less than the national percentage, which is approximately 15%. When comparing FIA with private agencies, 45.5% of the private agency supervised cases have had only one placement setting versus 37.3% for FIA supervised. FIA supervised cases have a higher percentage of cases, 20.2%, where the number of children have experienced at least five placements versus private agencies at 12.6%.

The placement stability data cannot be separated by foster care and juvenile justice. It is believed that juvenile justice placements are more stable as these youth are being placed in residential treatment programs that are 12 to 18 months in duration.

Wayne County and other large metropolitan counties sometimes place children in shelter care at the initial placement. Many counties view shelter care as being beneficial for promoting stability for children in foster care, as it allows for the child's needs to be matched to the foster placement.

Wayne County has a shortage of foster homes and shelter care. The permanency initiative in Wayne County is also trying to prevent multiple placements. The Family Assignment System (FAS) in Wayne County is also designed to prevent shelter placements. FAS is a systematic process for the designation of service responsibility to families with children in need of out-of-home care. There is immediate placement capability among Wayne County's child placing agencies. There are 20 private child placing agencies that participate in the FAS system. The assignment of family foster care cases to participating agencies occurs on a rotation basis.

Permanency Assessment

In a survey of parents, they reported that three-fourths of their school-age children who were placed outside of their home had to change schools because of their placement in foster care. The 1999 Supervising Agency Report Card reported that 17.4% of the children in foster care were placed outside of the county where the court had jurisdiction. In targeted case readings, 81% of the children were placed in close proximity to their family. This affects the child's continuity with his/her community and parenting time. The Family to Family projects in Wayne and Macomb Counties are designed to keep children within the communities from which they are removed. Family to Family has a recruitment component to recruit foster homes within a child's community.

All juvenile justice youth who require placement within a residential setting are referred to the Juvenile Justice Assignment Unit (JJAU). This unit assigns youth to treatment programs that meet the youth's needs within the specified security level. This same concept is being developed for foster care youth with input from the Children's Justice Act Task Force. The target date for the implementation of the Foster Care Assignment Unit (FCAU) is April 2003. Many times, there are waiting lists for treatment programs.

Michigan Court Rules require a court hearing for juvenile justice youth who are being placed in a more physically restrictive level of placement.

According to the 1999 Supervising Agency Report Card, 26% of the relative placements were disrupted, with the child being placed in a licensed foster home. Lack of financial support for relatives and subsidized guardianships were identified during focus groups with staff, CASA and FCRB members as affecting these replacements. Relatives caring for children whose parents' rights have not been terminated can apply for TANF. State funds are provided to relatives at the foster care rate once parental rights are terminated. Relatives can also become foster parents; although few apply. There is no accurate data on the number of licensed foster homes who are licensed for a relative child; although it is believed that it is a small number. Many relatives cannot meet the licensing requirements, nor do they want to go through the licensing process. In February 2000, three district offices in Wayne County began a pilot program called Kinship Care and Family Preservation (KCFP). The program provides both formal and informal relative providers who have or are seeking guardianship with \$276.00 in TANF funds versus \$133.00. This program increases the daily rate paid to kinship caregivers from \$4.37 to \$9.07. Legal assistance is being provided to the relative seeking a guardianship arrangement. Assistance in a financial crisis and with start up costs associated with the kinship placement is also being provided. If the child is placed in a formal kinship placement under the jurisdiction of the court, reunification and adoption must first be ruled out. Voluntary caseworker services are being provided to the families to stabilize the placement. The Detroit Area Agency on Aging is also providing services and support to grandparent caregivers. This project ended in February 2002. A final report on the effectiveness of the program is due by July 2002. If the pilot is a success, it may be expanded statewide; although recent budget constraints may prevent expansion of this program. Kent County also has a Kinship Care pilot.

During focus groups with staff, CASA, and FCRB members, the following issues were identified as affecting movement of children in foster care: initial placements are a "mismatch" with the needs of the children not being considered, inadequate information to foster parents regarding the

child's behavior when a child is initially placed, and children entering care have many problems and there is not adequate support for the foster families to prevent replacements. There is also a lack of specialized foster homes in Michigan.

In targeted case readings, the worker provided services to prevent a replacement in 68% of the case. After a child was replaced, services were being provided to the current caregiver in 90% of the cases to prevent another replacement.

Legislation to Prevent Unnecessary Moves

In order to prevent unnecessary moves of children in foster care, Binsfeld legislation passed in 1998 requires the supervising agency to notify the foster parent/kinship caregiver of their right to appeal the move of the child from their home to the Foster Care Review Board (FCRB) under the following circumstances:

- It is determined that it is in the child's best interest to be moved.
- The supervising agency has reasonable cause to believe that the child has suffered sexual abuse, or non-accidental physical injury or there is substantial risk of harm to the child's emotional well being within the foster parent/kinship caregiver's home.

The foster parent/kinship caregiver must appeal the move within three days of notification. The child can be moved from the home before the three-day appeal period if the worker believes the child is not safe.

The foster care/kinship caregiver does not have the ability to appeal the move in the following circumstances:

- The foster parent/kinship caregiver requests that the ward be moved.
- The court with jurisdiction orders the ward to be returned home.
- The change in placement is less than 30 days after the child's initial removal from his or her home.
- The change in placement is less than 90 days after the initial placement and the new placement is with a relative.

The FCRB will make a decision regarding the child's placement within three days of receipt of an appeal. If the FCRB agrees with the decision to remove the child, the child will be moved. If they do not agree, they notify the court or the MCI Superintendent in the case of permanent wards, of the disagreement and a decision must be made within 14 days. The best interest of the child is considered when making this decision.

According to the FCRB 2000 Annual Report, there were 75 foster parent appeals. There were 52 actual hearings. The FCRB supported the agency's decision to move the child in 33 cases. The Board agreed with the foster parent in 19 cases. Of these 19 cases where there was a disagreement between the agency and the FCRB, the court/MCI Superintendent supported the agency nine times and the FCRB recommendation seven times. Three cases were resolved prior to a decision. Of the appeals that never went to a hearing, these were either resolved by the foster parent withdrawing the request, the court ordering the child to be moved, or the agency deciding not to move the child.

The report states: “It appears that foster parents sometimes wait too long to indicate to the caseworkers there is a problem. Conversely, agencies sometimes wait too long to address a problem. By the time the two sides meet, it is often too late to salvage the placement. However, it also appears that better decision making is occurring regarding the movement of wards. Case conferences are occurring more frequently which appear to prevent unnecessary moves and eliminate unnecessary appeals.” (For more information on the FCRB, see [B. Case Review System](#) and [Quality Assurance](#).)

This legislation has been implemented into foster care policy. Supervisory approval is also required for all replacements. A court hearing is also required if a child’s move from one placement to another involves a move from a less restrictive placement to a more restrictive placement. Prior to the legislation being passed, a sample case reading was conducted and it was found that 80% of the foster home replacements were the result of the foster parent requesting the child be moved. This information is being collected in the new SACWIS system and data should be available within the next year for moves that will occur during the year. Temporary respite placements that are less than 5 days are not recorded within the computer system.

Binsfeld legislation passed in 1998 also requires the supervising agency to provide the foster care/kinship caregiver with copies of all Initial, Updated, and revised case services plans and court orders relating to the child and all of the child's medical, mental, and education reports, including reports compiled before the child was placed with that person. This was to ensure the foster parent/relative caregiver was aware of the child’s social history, behavioral difficulties and medical history before placement. It was found during case readings and in focus groups with foster parents, CASA, and FCRB members that this policy is not being followed on a consistent basis. (See [B. Case Review System](#) for more information on foster parent involvement.)

Child Placing Agency Licensing Rules

Child Placing Agency Licensing Rules require notification to the foster parents of the intent to move a child from their home at least 14 days prior to the move. This 14-day notification conflicts with Michigan statute described above which requires three-day notification. Foster care policy supports the 14 days timeframe. It states, “In order to be in compliance with the Child Placing Agency Rule 400.12405, the agency should not move the child for 14 days after notice. This gives the foster parent/kinship caregiver and the child time to transition to the next placement.”

In order to prevent unnecessary moves of children, the licensing rules also require documentation within a child’s case record each time a child is moved in foster care. When it is necessary to replace a child, first consideration must be given to returning the child to the parent or placing the child within the kinship network. Documentation must include:

1. Reasons for the replacement and why the child was not returned to the parent(s) or placed within the kinship network.
2. Supervisory approval before the replacement, unless the child’s health and safety is jeopardized.

Permanency Assessment

3. The efforts made by the worker to contact appropriate kinship family members within 10 working days after the replacement.
4. The evaluation of the appropriateness of continued out of home placement.
5. Replacement preparations appropriate to the child's capacity to understand which includes an explanation as to why the change is necessary.
6. Notification of the replacement to the parents (if appropriate) and the referral source, if there has been a CPS complaint.
7. Notification to the FIA local office, if a private agency is supervising the case.
8. Disposition and documentation of any CPS investigation must be included in the case file, if appropriate.
9. Documentation that the foster parent was notified of the replacement at least 14 days before the move and that they were informed of their ability to appeal the move to the FCRB. If prior notice was not given, the reasons why must be document.
10. Information about the child, including case plans, shared with the new caregiver.

Child Placing Agency Rules also require the chief administrator of the agency to develop and implement a written plan that addresses unplanned moves of children in foster care. The plan must contain an assessment of all disrupted and unplanned removals of children from foster home, independent living, and adoptive homes. The plan must contain the measures the agency will take to correct the causes for the disruptions and unplanned moves. (See Foster Care Standards for more information on [Child Placing Agency Licensing Rules](#).)

Children with Multiple Placements

In May 2001, as part of the FIA Strategic Plan for 2001, Outstate Operations and the Child and Family Services Administration, in conjunction with the Executive Office, identified a need to target and coordinate services to children currently in out-of-home care who have had five or more placement settings. A move was defined as any change in placement, including a shelter placement.

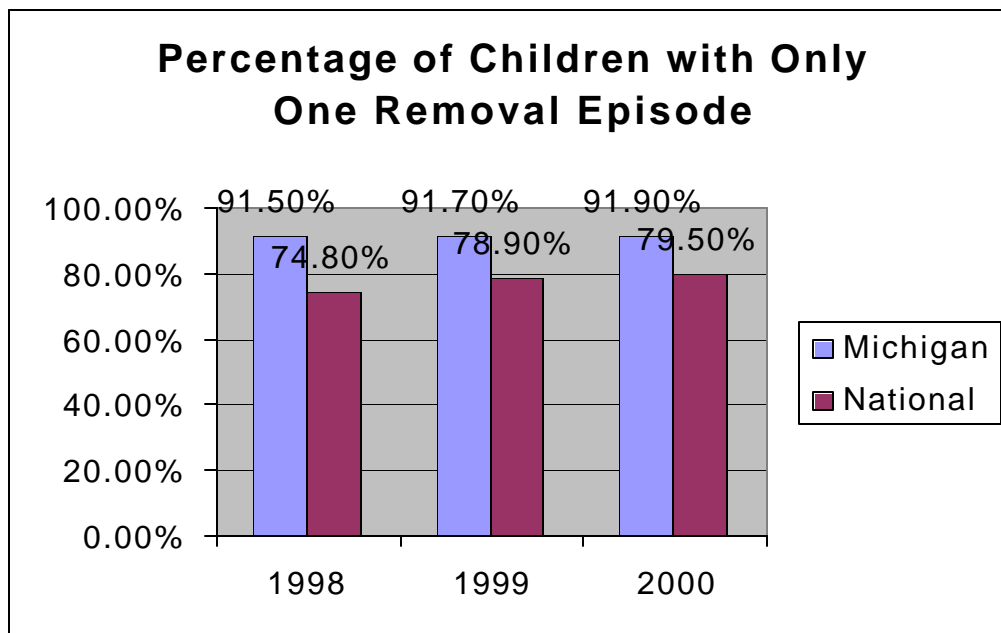
Local offices completed targeted case readings on identified cases with five or more placements. The reading identified those needs that contribute to the child's multiple placements, the types of resources and services that could assist the caregiver and child to achieve permanence, and the service gaps that existed in addressing the needs of these children. The goal was to reduce further multiple placements for the identified children, and determine which children are at risk of having multiple placements. The plan had to identify how these children would be moved into permanent living arrangements as soon as possible. Appropriate community resources such as Wraparound, CSPP planning, and assisted care were used. Local Multi-Purpose Collaborative Bodies were also engaged in discussion on how to coordinate and utilize community resources to assist in meeting the needs of these children and their caregivers.

Furthermore, each FIA county director must develop a Performance Management and Development Program (PMDP) annually. One of the objectives of the PMDP is to reduce the number of placements for children entering out-of-home care to a county average of two. (See [Office of Reengineering and Quality Management](#) for more information on Strategic Planning and PMDP.)

9. *Using data element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for this indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State's placement and care responsibility, the issues affecting re-entries, and how the State is addressing the issues.*

Foster Care Re-Entries (Point-in-Time Data Elements V & XII)

Michigan has met the national standard for the percentage of children who have had a previous entry into foster care within the last 12 months. In 1998 the re-entry rate was 4.7%, for 1999 it was 4.9%, and in 2000, 5%. The national standard is 8.6%. The data also indicates that the majority of our foster care population has only one removal episode. There are no substantial changes in the data over the three-year period. There is no way to separate the re-entries by abuse/neglect and juvenile justice.



It is believed that our re-entry rate is so low due to the fact that there is a great deal of caution on the part of the court and FIA when returning children home. This is reflected in a lower rate of reunification within 12 months.

Until recently, there was no way to determine the reason children entered foster care within the data system nor was there a way to determine if children re-entering care were entering the system for the same reasons as the previous episode. This information is now being collected within the SACWIS system and should be available within the next year.

Permanency Assessment

Binsfeld legislation passed in 1998 requires the FIA to file a supplemental petition with the court if a child is in foster care and FIA substantiates additional abuse/neglect. This is regardless of whether the child is in-home or out-of-home.

If a child is removed from his/her home, a new preliminary hearing must be held within 24 hours and same requirements for court proceedings apply.

CPS and foster care policy requires a referral to CPS in all cases where the parent is suspected of abuse/neglect, including additional allegations of abuse or neglect that occurred within the parent's home prior to the child being removed from the home. A referral must also be made to CPS when a person convicted of or determined by the Family Court to have committed physical abuse, criminal neglect, or sexual abuse has moved into a home in which a court ward is residing. A supplemental petition is filed with the court requesting a hearing to consider a change in placement when the child's safety is threatened.

10. *Using data element VI in the cohort data profile, discuss how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay in foster care and how the State is addressing the issues. If there are differences in the length of stay between children newly entering foster care in the State (cohort data) and the total population of children in care (permanency data), identify and discuss the reasons.*

Length of Stay in Foster Care (Point-in-Time Data Element VII & Cohort Data Element VI)

The median length of stay in foster care for children in placement on the last day of the year has increased by one month from 13.5 months to 14.7 months, but this increase does not appear to be large. We are significantly lower than the national standard of 20 months. The median length of stay for the cohort group was reduced by four months from 1998 to 1999.

For temporary court wards in out-of-home care at the end of the fiscal year 1999, the average length of stay by age group is:

Months	0-1 yrs.	2-5 yrs.	6-10 yrs.	11-12 yrs.	13 +	Total
0-11	82.3%	56.9%	58.8%	57.9%	38%	55.7%
12 thru 14	8.9%	10.3%	10.6%	10.1%	7.6%	9.4%
15 thru 23	8.9%	18.4%	17.2%	16.7%	17.9%	16.4%
24+	0%	14.4%	13.4%	15.3%	36.4%	18.6%

(Percentages may not add up to 100 due to rounding.)

Michigan's Families Alternatives to Foster Care Pilot

The Michigan Families Title IV-E waiver project pilot is a managed care, flexible funding approach to foster care services. A community-based approach that integrates various systems of care and services is utilized. It is currently operating in six counties in Michigan. The contracted providers are paid a capitated rate to manage and provide services and to pay for foster care. Each site contributes other local dollars and services to provide the child and family the services and care necessary to ensure safety and stability. The contract agencies must effectively manage available funds and anticipate the flexible use of funds that enhance ways to protect children and strengthen families.

The project is a four-year Federal demonstration project and requires a rigorous evaluation design. The Michigan's Families project is now halfway to completion. An independent contractor evaluation and internal assessments have identified a number of strengths in this approach. Changes are now being implemented to enhance these strengths and to assure ongoing success of the project. The evaluation also shows that this flexible approach has increased services in project counties, that child placements have decreased by 20% in the pilot counties and that child safety has not been threatened.

Foster Care Permanency Initiative

In order to reduce the number of days a child spends in care and to increase the number of children who are maintained in successful permanent placement, defined as parents, relatives, guardians and independent living and adoption, a Foster Care Permanency Initiative was implemented in four private child placing agencies in Wayne County. The agencies were Orchards Children's Services, Catholic Social Services, Homes for Black Children, and Spectrum Human Services. By April 2000, FIA had enough data that indicated prompt permanency *with* safety for children, and the pilot was expanded to include additional private agencies, Lutheran Child and Family Services, and Judson Center.

In order to achieve this goal, agencies needed service "flexibility" (i.e. not being confined to purely categorical services, and a different cash flow payment mechanism for services rendered). The Michigan Legislature had put into its budget boilerplate that FIA was to "pilot" a "pay for performance system" within a specific timeframe, which happened to coincide with a concept that had been put forth for such a system by Orchards Children's Services.

Providers are paid for the following:

- Performance standards for termination of parental rights and successful adoptive placement.
- Maintaining a successful placement.
- Maintaining youth in the same school to reduce stress and provide consistency in the youth's life.
- Placements of teens in a foster home, if appropriate.
- Ongoing responsibility by provider agencies until the youth is no longer eligible for foster care.

Permanency Assessment

In order to pay for performance-based outcomes, FIA reduced, but importantly did not eliminate, the per diem. Additionally, there is an “up front” lump sum payment, (which supports service creativity/flexibility), and performance outcome payments when “successful outcomes” are achieved within established time frames. The agreed upon “successful outcomes” are based on the Federal government’s definition of acceptable permanency outcomes. The specific pilot goals are as follows:

- Reunify the children with parents or relatives within 290 days of foster care placement (from 1997 until 2000 the allowable time frame had been 315 days).
- Maintain children who have been united with their families in that setting for 12 consecutive months following discharge from foster care (in 2000, this time period was increased from six months).
- When reunification with family is not possible, achieve termination of parental rights within 515 days of foster care placement (the time period was decreased in 2000 from 600 days).

Between May 12, 1997 and March 30, 2001, 2,589 children entered the pilot agencies’ foster care programs:

- 1,283 of the children were reunited with parents or relatives (83% within contractual time frames).
- 656 of the children became legally available for adoption (81% within established time frames).
- Three children were placed into independent living (two of which were within time frames).
- 647 children were still pending an outcome (83% were still within pilot contractual time frames during which “success” could be achieved).

Orchards Children’s Services contracted with a Ph.D. level researcher to conduct a comparison of pre- and post-pilot outcomes. The pre-pilot sample covered cases served from 1994 to 1997 (no pilot involvement). Post-pilot cases (after inception of the pilot) covered 1997 to 2000. Findings were as follows:

Pre-Pilot

- Average days to reunification with parent or relative = 250
- Average days to termination of parental rights = 663

Post-Pilot

- Average days to reunification with parent or relative = 150
- Average days to termination of parental rights = 399

Clearly, there has been a difference in achieving prompt permanency for children, and this has been done without jeopardizing child safety. Supportive visitation services for children 0 to 5 years old are provided to facilitate appropriate interaction between children and families. (See [Parenting Time](#) and [D. Staff and Provider Training](#) for more information on supportive visitation.) Additionally, FIA opted to invest “at the back” end, (when reunification can typically present certain potential risks), in Family Reunification Services, which has helped with stability for many families. This has also been done via contracts with some private agencies.

Permanency Assessment

Based on the success of the Foster Care Permanency Pilot, it will become a county-wide expectation (no longer a “pilot”) for all private agencies in Wayne County effective October 2002.

Evaluation of Foster Care SDM on Permanency

Foster Care SDM was designed to provide greater consistency in decision making and to ensure that state and federal mandates regarding service provision, reunification, and permanency planning were achieved. The system combines structured assessments of family needs and strengths, barriers to reunification faced by each family, compliance with treatment and parenting time plans, and federal requirements regarding permanency into a simple yet comprehensive guide for workers.

SDM for foster care was initially piloted in nine counties. To evaluate the impact of SDM on cases, each pilot county was matched to a comparison county using a variety of social, economic, and child welfare practice indices. Large cohorts of children placed in foster care in both the pilot and comparison counties with an initial return home goal were then identified and tracked over a 15-month period. Presumably, since both groups were subject to the same changes in law or policy incurred during the follow-up period, any differences in the outcomes between the groups could be attributed to SDM.

During an 18-month pre-SDM implementation period, the comparison counties had a slightly better record of moving children to permanency than the counties selected to pilot SDM. At 15 months from the date of placement, comparison counties had moved 4% more children to permanency than the pilot counties. The 4% difference was not statistically significant, so all things being equal, comparison counties could be expected to perform at least as well as the pilot counties.

Permanency Assessment

In the 15 months following SDM implementation, however, the pilot counties moved a significantly higher proportion of children to permanency than the comparison counties (see Figure 1). In addition, as Figure 2 illustrates, the type of permanency established was not skewed in any particular direction.

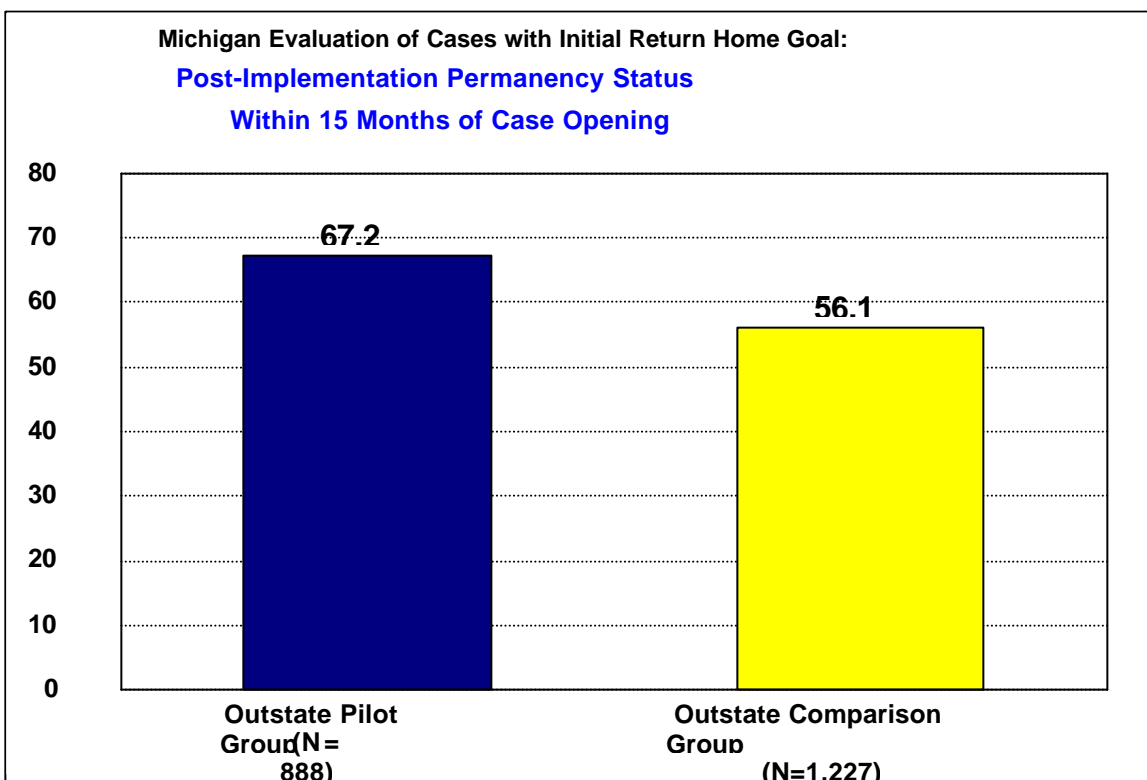


Figure 1

Permanency Assessment

In the SDM pilot counties:

- ? a higher proportion of children returned home;
- ? a higher proportion of children had parental rights terminated; and
- a higher proportion of children were placed with permanent legal guardians.

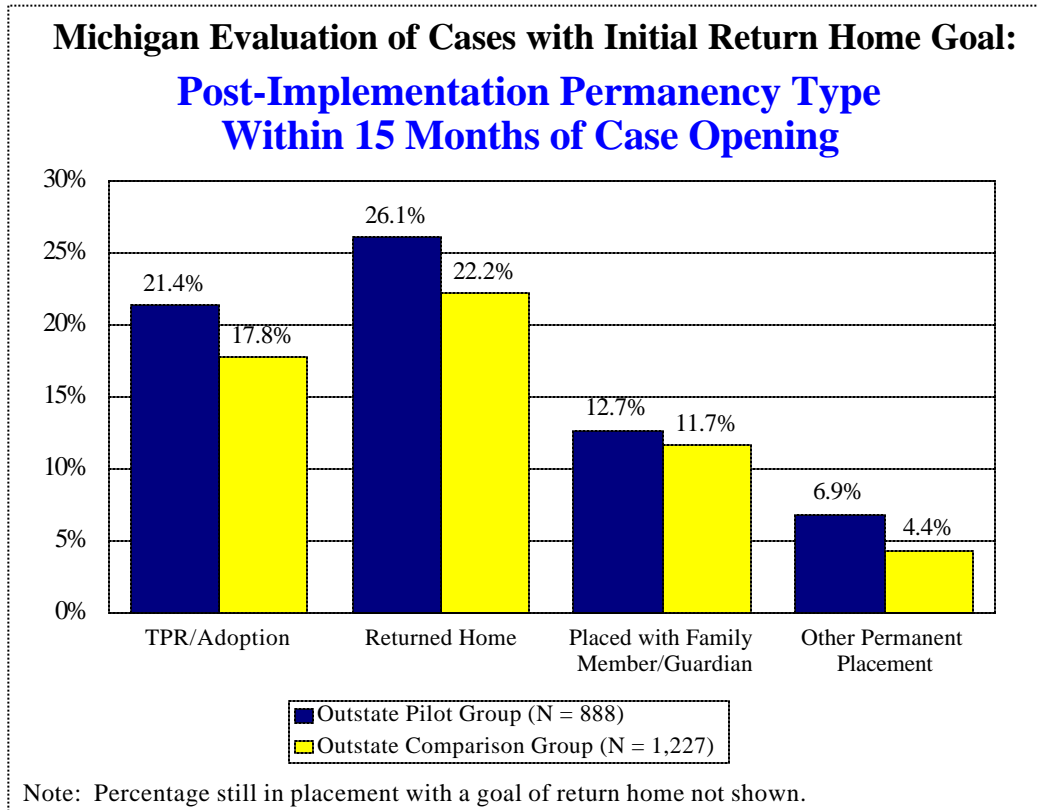


Figure 2

SDM counties in Michigan achieved permanency within 15 months for two of every three children placed. The study also indicated that permanency rates attained for African American children in Michigan matched those attained for Caucasians. In addition, a companion process evaluation uncovered ways in which implementation could be strengthened, which could perhaps lead to even better results. (See [Case Plan Requirements](#) and [Foster Care Structured Decision Making](#) for more information on SDM.)

11. *Discuss any other issues of concern, not covered above or in the data, that affect the permanency outcomes for children and families served by the agency.*

Other Permanency Issues

Court Improvement Program (CIP)

The CIP with the Michigan Judicial Institute (MJJ) prepared and distributed the *Child Protective Proceeding Benchbook* to family division judges and referees. The Benchbook addresses all facets of child protective proceedings and related issues such as statutory and court rule requirements, required agency responsibilities, quality control issues, service and program alternatives, and funding issues.

In addition to the Benchbook, MJJ staff worked with Children's Charter of the Courts of Michigan to develop a separate but complementary manual for practitioners such as attorneys and caseworkers. It is entitled, *Guidelines for Achieving Permanency in Child Protection Proceedings*.

Foster Care Review Board Annual Report

The FCRB Annual Report identifies the top barriers to permanency and makes recommendations to the Governor and the Michigan Legislature on changes to the foster care system. (See [Foster Care Review Board](#) for more information.)

Children's Ombudsman's Report

The FIA works in conjunction with the Office of the Children's Ombudsman to improve foster care policy. The Ombudsman produces an annual report with recommendations for legislative and policy changes. FIA responds to the recommendations and the report is published. (See [Office of the Children's Ombudsman](#) for more information.)

Family to Family

The Family to Family Initiative is being implemented within Wayne County FIA - South Central CFS District and Macomb County during 2002. The goals of Family to Family are to:

- Develop a network of family foster care that is neighborhood-based, culturally sensitive and located primarily in the communities in which the children live.
- Reduce the number of children served in institutional and group care and shifting resources from group and institutional care to kinship care, family foster care, and family centered services.
- Decrease lengths of stay of children in placement.
- Increase the number and rate of children reunified with their birth families, along with decreasing the number and rate of children re-entering placement.
- Reduce the number of placement moves children in care experience and increase the number and rate of brothers and sisters placed together.
- Reduce any disparities associated with race/ethnicity, gender, or age in each of these outcomes.

Permanency Assessment

- Assure that scarce family foster home resources are provided to all those children who in fact must be removed from their homes.
- Increase the number and quality of foster families to meet projected needs.
- Better screening of children being considered for removal from home and to determine what services might be provided to preserve the family safely.
- Involve foster families as team members in family reunification efforts.
- Become a neighborhood resource for children and families and invest in the capacity of communities from which the foster care population comes.

There is a commitment by FIA to expand this program statewide. (See [Family to Family](#) and [Foster Parent Recruitment](#) for more information on Family to Family.)

Child and Family Well-Being Assessment

A Child Needs and Strengths Assessment (CANS) is completed for children and youth in foster care and juvenile justice cases at initial removal and is updated quarterly as long as the case remains open. The CANS is used to evaluate and prioritize the needs and strengths of each child in foster care. It consists of 10 items to be completed for each child. Each item is divided into areas of strengths or appropriate functioning and at least two levels of needs (areas that require intervention beyond what would be normally provided to any youth). A need is any item that is scored on the assessment as a negative number. The worker identifies the priority needs for the child to ensure that services are made available to meet those needs. Services are required to be provided for each identified priority need in the Parent-Agency Treatment Plan and Service Agreement under individual child activities. Goals and objectives are to be written for each need that includes activities to be completed by the parent (attendance at conferences, participation in meetings at school regarding the child), foster parents, workers and the child. Narrative information in the service plan explains the reasons for scoring any item as a need. During targeted case reading, 77% of the foster care cases had completed Child Assessments. The narrative in the service plan supported the scoring on the assessment in 71% of the cases. Sixty-two percent (62%) of the priority needs were addressed in the treatment plan and service agreement. (See [B. Case Review System](#) and [Foster Care Structured Decision Making](#) for more information.)

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Outcome WB2: Children receive appropriate services to meet their educational needs.

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

1. *Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.*

Frequency of Contact with Children and their Families

Statewide data on the amount of contact between workers and parents or guardians, children and care providers will not be available until the incorporation of SDM into the SACWIS information system in 2003. At that time, workers will record all contacts in the social contacts module and the state will be able to report on the frequency of contacts on an on-going basis.

CPS Policy

CPS policy requires minimum contact standards based upon the risk level identified by the SDM Risk Assessment. The CPS service standards were developed to correspond directly to the level of risk of each family. These standards define the minimum frequency of contacts that workers should have with cases at each risk level. The purpose is to differentiate services provided by giving priority to those families most likely to again abuse or neglect children. Setting service

standards by risk level was first used in community corrections and adapted for child welfare by FIA with the development of SDM for CPS. Research in community corrections found that by using an empirically based risk assessment to determine risk of subsequent offending and providing increased contact to offenders at highest risk, the rate of subsequent offenses decreased as compared to any other means of determining the need for worker contact. The 1995 Michigan CPS outcome evaluation indicates that the same impact is found when the SDM model is applied to CPS cases.

These standards are for open CPS cases:

Low family risk level

- One face-to-face contact by the CPS worker with client per month.
- One collateral contact by the CPS worker on behalf of the client per month.

Moderate family risk level

- Two face-to-face contacts by the CPS worker with client per month.
- Two collateral contacts per month by the CPS worker on behalf of the client.

High family risk level

- Three face-to-face contacts by the CPS worker with client per month.
- Three collateral contacts per month by the CPS worker on behalf of the client.

Intensive family risk level

- Four face-to-face contacts by the CPS worker with client per month.
- Four collateral contacts per month by the CPS worker on behalf of the client.

CPS face-to-face contacts with clients may be replaced by a contractual provider who is paid with local purchase of services monies to reduce risk to children. The CPS worker must maintain at least one face-to-face contact per month regardless of whether a service provider is being used to meet the minimum contact standards. Maximum number to be replaced per month is:

- Intensive 3
- High 2
- Moderate 1
- Low 0

Data on CPS contact standards will not be available until January 2003.

Foster Care Policy

Foster care workers are required to have the following minimum contact with children placed outside of their parents' home:

- First month after initial placement: two face-to face-contacts with child, at least one in placement; plus two telephone contacts.
- Subsequent months: each child in care is to be visited at least once a month. The visit with the child must take place within his/her placement setting at least every other month.

Child and Family Well-Being

When children are placed out of the home, the following minimum contact with the parents is required:

- First month of placement: two face-to-face contacts, at least one in-home; plus two telephone contacts, if the parent(s) has a telephone.
- Subsequent months: one face-to-face contact and one telephone contact. At least once every three months this contact is to occur in the parents' place of residence. If the goal is to return the child to the parents' home, the worker should make at least quarterly home visits to determine if the home is safe.

When a child is returned home from foster care, the minimum contact standards are:

- First month: weekly in-person contacts with the parents and children. This period of contacts may be extended to 90 days, if necessary.
- Subsequent months: in-person visits must be at least twice a month.

When families have been referred to Family Reunification or Families First of Michigan services, those service providers are responsible for making the required contacts. The foster care worker is required to have one contact per month, either face-to-face or by telephone, with the service provider. This does not discourage any visits that the foster care worker may choose to make. The CPS Workload study, completed in 2000, indicates that workers frequently have contacts with families and children in addition to the contacts made by Families First and Family Reunification.

The above contact standards must be exceeded for CPS and foster care cases with Native American children and families. While FIA must maintain the minimum contact standards with a family, there must also be active efforts provided to the family either to prevent removal or to return a child home. Active efforts are not defined by policy or statute. The tribes and the local FIA office will agree on what contact standards must be met on a case by case basis, in effect increasing the minimum contact standards.

During foster care case readings, it was found that caseworkers were visiting with the child at least once a month in 62% of the cases. They were visiting at least monthly with the parents in 70% of the cases. Staffing issues have effected FIA's ability to meet this requirement.

In a survey of parents whose children were in foster care, 9% of the parents reported that they had daily contact with their foster care worker, 40% weekly and 26% had monthly contact. Twenty-six percent (26%) of them reported that the contact was less than monthly. Sixty-eight percent (68%) of them reported that this was "enough" contact, 24% "not enough" and 6%, "too much".

Juvenile Justice Policy

Minimum contact standards for juvenile justice cases are:

- Monthly visits when the ward is in family foster care.
- Bi-monthly visits when the ward is in a residential placement or placed in another county.
- Monthly visits when the ward is in a permanent placement, i.e., own home, guardian, relative, independent living (supervised or unsupervised).

The Bureau of Juvenile Justice completed a workload study in 2001. As a result, the Bureau will implement differential contact standards for cases in community-based placement based on risk level. These contact standards will be similar to those established in CPS as weekly contacts with the youth will be required for high risk cases, twice monthly contact for youth at moderate risk and monthly for youth at low risk.

When the ward is in detention or reception/assessment in the local county, an initial visit within three working days is required. Weekly contact, in person or by telephone, with at least one face-to-face contact monthly is required. Visits with the family are required at least monthly or more frequently.

Contact information for juvenile justice cases is not available.

As of November 2001, CPS staff was increased to 98.6% of the workload demand; foster care is at 80%. It is hoped that this increase in staff will increase the number of cases in which the minimum contact standards are met. Juvenile justice was staffed at approximately 75% of the required workload demand. However, there has been a reduction in number of juvenile justice cases committed to FIA for care and supervision. (See [Staffing](#) for more information.)

During child placing agency licensing reviews, contact standards are reviewed by the Division of Child Welfare Licensing. If a child placing agency is not meeting the required contact standards, a corrective action plan is developed and implemented. (See [Foster Care Standards](#) for more information.)

2. *Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?*

Educational Status of Children

Education and early intervention needs are assessed in the foster care CANS. Juvenile justice youth are assessed for educational and special education needs in the juvenile justice youth and family strengths needs assessment. Services are required to be provided for each identified need in the service plan completed by the worker through the completion of goals and objectives for the youth and family.

A Family Needs and Strengths Assessment is completed for CPS, in-home cases. Individual child assessments are not completed. As part of the Family Assessment, child characteristics are evaluated as having an impact on family functioning. Services are provided for each identified need.

Child Placing Agency Licensing Rules require that no later than 10 school of a child's placement in foster care, the supervising agency or the foster parent/relative caregiver, with agency approval, must enroll each child of school age into a school program. The supervising agency

must also notify the school administration, in writing, of the name of the person who is supervising the child's foster care case and who is responsible for the care of the child. Foster care workers must also assemble educational information in the case file. Ongoing copies of a child's report card must also be obtained. The SACWIS system generates a form letter to the school for both of these requirements. During a targeted case reading only 38% of the foster care cases had all of the required educational information in the case file.

Foster care policy requires that the educational needs of the child be considered in placement decisions. Close proximity is a criteria assessed in making a placement decision. It is defined as "placement in the county of residence, preferably in the child's own school district." This does not ensure placement within the same school. In a survey of parents, they reported that three-fourths of their school-age children who were placed outside of their home had to change schools because of their placement in foster care. The Foster Care Permanency Initiative provides payment to the supervising agency based upon their ability to maintain a child in the same school to reduce stress and provide consistency. The Family to Family initiative emphasizes placing children in their neighborhoods/school districts. (See [Foster Care Permanency Initiative](#) and [Family to Family](#) for more information.)

Child placing agency rules require that prior to placement with a foster parent or relative caregiver, the supervising agency must provide information to enable the foster parent/relative caregiver to provide a stable, safe, and healthy environment for the foster child and other members of the family. The ISP and all USPs and Treatment Plans and Service Agreements are also provided. Binsfeld legislation requires that within 10 business days after receipt of a written request, the supervising agency must provide the foster care/kinship caregiver with copies of all initial, updated, and revised case services plans and court orders relating to the child and all of the child's medical, mental, and education reports, including reports compiled before the child was placed with that person.

Often times, foster parents are the educational advocate for children within their homes. They attend the IEPC meetings and provide homework assistance. Navigating the ISD system in a large county is often difficult. Foster parents may receive an increase in the daily foster care rate, if they are providing homework assistance beyond what is normally expected of a parent.

FIA will pay for tutoring services to children in family foster care, age 10 and older, if the school district is not required to provide tutoring under the Special Education Act. The tutoring must be for the purpose of raising a failing grade in a class and recommended in writing by the child's teacher. The teacher must identify the subject(s) in which the student needs remedial assistance and an estimated length of time tutoring will be needed.

Special education services in Michigan are provided by the Intermediate School District (ISD). ISDs can cover up to four counties. There are 57 in state. The appointment of a surrogate parent for educational purposes for children with disabilities or developmental delays is required by foster care policy under three very limited circumstances:

- No parent can be identified.
- The responsible FIA agency, after documented reasonable efforts, cannot discover the whereabouts of a parent.

- The child is a ward of the state or court and parental rights have been terminated.

The FIA local office is the responsible party for selecting the surrogate parent. FIA staff or private agency staff cannot function as the surrogate parent. The foster parent is often times selected as the surrogate parent. Surrogate parents must attend general overview training on the developmental needs, service options and the legal rights of children eligible for Part H. This training is offered by the local school district. Foster care and juvenile justice caseworkers also attend the IEPC meetings.

The Bureau of Juvenile Justice within FIA administers state and Federal grants that flow through educational programs of residential facilities. Consultants monitor the implementation. Ten (10) residential facilities operate their own schools, matched to their specific facility's program design. The majority of the teachers in these programs are special education certified, and all other teachers have teacher certification in their chosen area. Teachers develop an individualized education plan for each student that is geared to their skill level, treatment, education and special education goals. Other facilities work with local school districts or the youth's school district to ensure the youth's educational needs are met. In all facilities, the student's grades and credits are recorded on transcripts and are provided to the next school the student may attend. They also offer pre-vocational, vocational, life skills or work experience programs, which provide hands-on and academic education in the basics of obtaining and keeping jobs.

The FIA does not have access to any automated system of education services. With the implementation of the SACWIS system in foster care and juvenile justice, the agency is able to monitor the number of schools each child has attended while in out-of-home care. The number of children receiving special education services is also being tracked; although adequate data is not available at this time. The target date to implement the SDM assessment process in the SACWIS system is January 2003. At that time, the agency will be able to track the number of children who have educational needs and the services that are provided to meet those needs.

During focus groups with Foster Care Review Board members and CASA, a lack of tutoring services and special education services for children in foster care were identified. The FCRB also reported that FIA needs to work more closely with the educational system to ensure that children's educational needs are met. Foster parents also identified tutoring as a need. Foster parents state that the *Early On*® (early intervention) and pre-primary services are very helpful. In a mail survey of FIA foster parents, 75% of them "strongly agreed" or "agreed" with the statement, "While under my care, services were provided to meet the educational needs of the foster child." Fifty-five percent (55%) of them "strongly agreed" or "agreed" with the statement that the "child's caseworker was helpful in linking the child to these services". Twenty-two percent (22%) "neither agree nor disagree" with this statement.

FIA has a variety of collaborative efforts with the Department of Education. The interagency initiative, Putting It Together With Michigan Families (PIT Crew), enables state partners to plan joint initiatives, joint training opportunities, and the sharing of best practices that address the needs of our customers. Multipurpose Collaborative Bodies work at the local level on educational issues. The Zero to Three interagency initiative also provides education/mentoring at the local level. (For more information on Pit Crew, see [Coordination of Services](#) to the

Community. For more information on the Zero to Three initiative, see [Zero to Three Secondary Prevention Program](#).)

Early On® is a network of services for children who have a developmental delay or are at risk of developmental delays because of an established condition. *Early On* serves children from birth to age 36 months. There are no income restrictions for eligibility. FIA partners with *Early On* by making referrals for children who enter the child welfare system. Children who come to the attention of child welfare often experience delays in development for a variety of reasons. This particularly vulnerable population benefits from the services offered through *Early On*. Children are also referred to Head Start.

The All Students Achieve Program: Parents Involvement and Education Program (ASAP PIE), is a state school aide funded initiative that is funded through FY 2002. Funding ends in FY 2003, but school districts can carry money over from 2002. The majority of programs will have funds to continue the program at least through 2003. All but two of the 57 ISDs in the state applied for the grants. The ISD must operate the program for all residents in the school district who have children from birth to kindergarten entry. There are five component services:

- Parenting home visits.
- Parent cluster meetings to teach parenting skills.
- Resource and referral services.
- Developmental health screening.
- Connection with high quality pre-school programs.

The three program goals are:

- Improve school readiness.
- Decrease need for special education services.
- Maintenance of stable families.

Data is collected for TANF purposes and is provided to FIA on a regular basis. Successful applicants had to show that they had developed a plan for community services that requires collaboration with other local service providers. A Multi-Purpose Collaborative Body (MPCB) subcommittee develops the plan, which is reviewed by the larger MPCB. The plan must ensure no duplication of services. (See [E. Service Array and Resource Development](#) for more information on MPCB.)

The Michigan School Readiness Program serves four-year olds who are at-risk of school failure and offers classroom programs and related services through interagency partners on the local level. In 2002, FIA provided funds for a small number of three-year olds, but the funding will not be renewed for next year.

3. *Examine any data the State has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), to children in its care and placement responsibility. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Health Care for Children

Foster care and juvenile justice policy and Child Placing Agency Licensing Rules require that the supervising agency ensure that each child:

- has a physical examination within 30 days of initial foster care placement;
- receives a yearly physical;
- has current immunizations; and
- has a dental examination within 90 days of placement and annually thereafter, unless greater frequency is indicated, or the child has had an exam within 12 months prior to placement or is less than four years of age.

EPSDT services are not required for children in foster care. Many local offices utilize the Community Health Department, which provides EPSDT services. There is no data on the provision of EPSDT services to children in foster care.

As part of the ISP and USP process, each child is assessed for medical and physical health care needs using the CANS. Services are provided based upon identified needs.

Binsfeld legislation passed in 1997, requires the supervising agency to ensure the child's medical provider remains constant while the child is in foster care unless:

- The child's current primary medical provider is a managed care health plan.
- Doing so would create an unreasonable burden for the kinship caregiver, foster parent, or custodian.

The intent was to ensure consistent medical care for a child placed in foster care. All foster children and juvenile justice youth are enrolled in Medicaid, unless the youth is placed in detention or jail. Foster care and juvenile justice youth are disenrolled from Medicaid managed care in Michigan.

Binsfeld legislation also required the supervising agency to maintain a Medical Passport for each child in foster care, which contains all of the following:

- All medical information required by policy or law to be provided to foster parents/kinship caregivers.
- Basic medical history.
- A record of all immunizations.
- A record of on-going medications.;
- Any other information concerning the child's physical and mental health.

Each foster care worker who transfers a child's Medical Passport to another foster care worker must sign and date the Medical Passport verifying that s/he has sought and obtained the necessary information under law and FIA policy. The Medical Passport is not automated. The

goal is to include this in Michigan's SACWIS system in order to track the provision of medical and dental services to children in foster care.

To assist the supervising agency in collecting this information, the court order placing a child in foster care contains an order that the parent execute all documents necessary to release confidential information regarding the child including medical, mental health, and education reports. The parent is also ordered to provide the supervising agency with the name and address of the medical providers for the child. Furthermore, the order contains an authorization to the medical providers to release the child's medical records to the supervising agency.

Copies of the medical and dental examinations in the form of the Medical Passport must be provided to the foster parents or relative caregivers, and to the legal parents, if the child is a temporary court ward. The first court order placing the child in foster care authorizes the supervising agency to release all medical, mental health and educational information to the foster parent upon request.

Binsfeld statutory changes of 1999 require the supervising agency to release all medical and psychological information known to the agency to a prospective adoptive parent before adoption. The agency must hold a conference with the prospective adoptive parents to discuss the information and they must document the conference in writing.

Binsfeld changes also require the supervising agency worker to review the child's service plan with the attending physician, or with the child's primary care physician, if a child is hospitalized as the result of one of the below mentioned conditions. This is to ensure that the service plan addresses the child's specific medical needs due to the abuse and/or neglect.

- Failure to thrive.
- Munchausen's syndrome by proxy/ Pediatric Condition Falsification.
- Shaken baby syndrome.
- A bone fracture that is diagnosed by a physician as being the result of abuse or neglect.
- Drug exposure in utero.

Medical evaluations in cases of suspected child abuse or neglect are used to determine how an alleged injury or condition may have occurred, and whether it could have resulted from other than accidental means. The medical evaluation can also help the physician, family, and worker determine whether the child has any treatment needs. CPS must secure a medical examination in situations such as the following:

1. There is suspected child sexual abuse. These examinations should not be done unless the examination can assist the worker with diagnosis, treatment of injury or disease or collection of evidence.
2. The complaint alleges, or the agency's investigation indicates, that a child has been seriously or repeatedly, physically injured as a result of abuse and/or neglect.
3. The investigation by the agency indicates that the child shows signs of malnourishment or is otherwise in need of medical treatment.
4. The child is under the age of five, handicapped in some way or developmentally disabled, and the subject of a complaint investigation of alleged abuse and/or neglect and any of the following conditions apply:

Child and Family Well-Being

- Explanation of bruises or injuries by the child, parent(s) or caretaker(s) is not believable or is suspicious.
- The child has unusual bruises, marks or any signs of extensive or chronic physical injury.
- The child appears malnourished or ill.
- The child appears to be fearful of parents or caregivers or exhibits other characteristics such as withdrawal or anxiety, which indicates that they feel threat of harm.
- There has been a serious injury or death of a sibling in the past, or there has been a current event of this nature.
- A baby who is not mobile and has marks or bruises. It is not likely that babies who are not yet able to crawl or walk will have marks or bruises unless they were inflicted. All babies with marks or bruises must have a medical examination.
- In cases in which the child has bruises, marks or injuries that have not been photographed by CPS because of the visual assessment restrictions of the CPS Law/Policy, CPS is to request that photographs be taken by the physician during the physical examination. The photographs, along with the findings of the medical examination, must be made available to CPS if pertinent to the investigation and a compelling need is alleged.

A Family Needs and Strengths Assessment is completed for open CPS, in-home cases. Individual child assessments are not completed. As part of the Family Assessment, child characteristics are evaluated as having an impact on family functioning. In addition, the worker must provide a narrative assessment of each child which includes needs and strengths. Workers are to document the physical, social and emotional characteristics of the child and describe the affect the neglect or abuse has on the child. They must consider both needs and strengths to describe each child's development: 1) How the child relates behaviorally to peers and other adults; 2) How the child interacts with parent(s) or other care-taker(s), i.e., a non-parent adult, relative or significant other and with siblings or other children in the house. Services are to be provided for each identified need.

During child placing agency licensing reviews, the requirements for medical and dental exams for children in foster care are reviewed by the Division of Child Welfare Licensing. If a child placing agency is not meeting the required standards, a corrective action plan is developed and implemented. (See [Foster Care Standards](#) for more information.)

During foster care targeted case readings, it was found that 75% of the children in foster care had a dental exam within 90 days. Forty percent (40%) have a medical exam within 30 days. There are often problems with scheduling the medical appointments within 30 days.

During focus groups with foster parents, they report that there is a great deal of difficulty around the state in finding a dentist who will accept Medicaid. The majority of the foster parents reported that they were not receiving Medical Passports for the children in their homes, nor are they informed of the children's medical needs. Adoptive families do report that they are receiving medical information prior to adoption. In a mail survey of FIA foster parents, 85% "strongly agreed" or "agreed" with the statement, "The services provided to the foster children in my home meet their medical needs." Fifty-five percent (55%) of them "strongly agreed" or "agreed" with the statement that the "child's caseworker was helpful in linking the child to these services". Twenty-two percent (22%) "neither agree nor disagree" with this statement. Only

26% of them reported receiving a Medical Passport and 22% “did not know” if they had received the Passport.

The CPS Medical Advisory Committee reports that there is a lack of funds for adequate medical exams in CPS investigations. They also report that children in foster care do not have a consistent health care provider. Too many children in foster care are changing doctors when they are placed out-of-home. For children with serious medical needs, the child needs a medical home. There is also a problem with safe transfer of medical information between doctors for children in foster care. Medical Passports are not shared with the doctor and foster parents/relative caregivers are not aware of the child’s medical history.

4. *Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Mental Health Care for Children

There are no policy requirements that children in foster care receive an initial mental health assessment. Binsfeld legislation requires an assessment or psychological evaluation for all MCI wards who have suffered sexual abuse, serious physical abuse, or mental illness. This assessment is to be conducted by a licensed mental health professional or a certified social worker trained in children's assessment. For very young children, e.g., one-year olds, a developmental assessment will suffice. MCI wards are children whose parents’ rights have been terminated; therefore, this policy does not apply to all children in foster care. Frequently, courts order psychological assessment of children and families to determine services planning needs. Otherwise, the determination to obtain a mental health assessment is made by the CPS or foster care worker. Payment is made with state funds.

For foster care cases, as part of the ISP and USP process, each child is assessed for mental health needs on the Child Needs and Strengths Assessment. Services are provided based upon identified needs.

The CPS assessment of child’s needs is done within the context of the Family Assessment of Needs and Strengths. In addition, the worker must provide a narrative assessment of each child which includes needs and strengths. Workers are to document the physical, social and emotional characteristics of the child and describe the affect the neglect or abuse has on the child. They must consider both needs and strengths to describe each child's development: 1) How the child relates behaviorally to peers and other adults; 2) How the child interacts with parent(s) or other caretaker(s), i.e., a non-parent adult, relative or significant other and with siblings or other children in the house. Services are based upon specified needs.

For juvenile justice youth, the Youth Assessment of Strength and Needs is completed at intake and every 90 days thereafter. The youth’s mental health needs are assessed and the worker is asked to identify specific mental health related issues for every youth. This includes whether

there has been a past mental health diagnosis and several specific behavioral indicators. The worker is required to address any identified needs.

Mental health services are not always available to treat children. Community Mental Health (CMH) services are difficult to obtain. There has been devolution of mental health services at the state level. Local CMH agencies have limited funding. Waiting lists hinder families from receiving treatment in many counties. CMH accepts Medicaid to pay for services, but most families in Michigan are in managed care services and there is a limit to the number of therapy sessions. Children in foster care are not in managed care, but the capacity for CMH to serve these children is low. Often times, children must meet the criteria for a mental health diagnosis to receive CMH services. If a child is placed in a different county from which they were removed, a problem with funding for services exists.

There is also difficulty in finding psychiatric services. Payment for psychological exams is also limited for foster care cases.

CSPP monies are available to provide counseling services with fair market rate contracts. Focus groups with FCRB members and staff report that reimbursement for the outreach counseling is not high and the quality of these services may not always be the best.

If CMH services are not available, state foster care funds may be used for children who are in foster care and whose family foster care is funded through the foster care account. No payments are available for children whose board and care is not funded through the foster care account; therefore, children, living with an unlicensed relative, whose parents' rights have not been terminated, are not eligible for this funding. Some counties use county child care funds for the provision of services; although the amount of county child care funds that fund services has decreased over the last few years. (See [County Child Care Funds](#) for more information.)

In a mail survey of FIA foster parents, 61% of them "strongly agreed" or "agreed" with the statement, "The services provided to the foster children in my home meet their mental health needs." Fifty-five percent (55%) of them "strongly agreed" or "agreed" with the statement that the "child's caseworker was helpful in linking the child to these services". Twenty-two percent (22%) "neither agree nor disagree" with this statement.

Local FIA offices work in conjunction with CMH to transition youth in foster care to the adult foster care system. There are exception procedures to place a child under the age of 18 in an adult foster home. There is no data on the number of foster children who transition to the adult foster care system.

There is no data on the provision of mental health services to children in foster care. The target date to implement the SDM assessment process in the SACWIS system is January 2003. At that time, the agency will be able to track the number of children who have mental health needs, along with the services which are provided to meet those needs.

5. *Discuss any other issues of concern, not covered above or in the data, that impact on the well-being outcomes for children and families served by the agency.*

Other Well-Being Issues

Once the SDM process is implemented within the SACWIS system, tracking of identified needs along with the provision of services to meet these needs will be available at the state level. This information will assist the administration in continuing the services and programs that are meeting the needs of children and families, while discontinuing services that are not. (See [A. Statewide Information System Capacity](#) for more information.)

There are several initiatives in Michigan that are working towards improving the well-being of children and families.

Early Childhood Development (ECD)

The Early Childhood Development (ECD) curriculum was completed in 2001 and was tested and fine-tuned in two counties. The intent is to provide a consistent and ongoing educational base for a collaborative child welfare team. The curriculum will be implemented statewide in 2002/2003. The ECD curriculum teaches child welfare workers, foster parents and other professional involved in the zero to five-year old's life, the following:

- Most recent discoveries in early infant (zero to five) brain development.
- Physical, social, and emotional aspects of childhood development.
- Attachment, separation, grief, and other psychological aspects that impact abused or neglected children.
- Suggestions for treatment and solutions.

Touchpoints

Michigan contracted with Dr. T. Berry Brazelton to “train trainers” to teach child welfare workers and their collaborative counterparts to recognize “Touchpoints”. Dr. Brazelton’s neonatal research establishes “Touchpoints” as predictable periods in an infant’s development that can disrupt family relations. “Touchpoints” provides the practitioner with an opportunity to work with parents to anticipate and recognize these milestones, which promotes optimal child and family development. (For more information on Touchpoints, see [Touchpoints](#) and [Foster and Adoptive Parent Training](#).)

Children’s Justice Act Task Force

The Children’s Justice Act Task Force focuses on the strengths, weaknesses and challenges of ensuring that the best interests and special needs of children are met when they are placed in out-of-home care. During the 2003 fiscal year, the Citizen Review Panel (CRP) will focus on development of guidelines for psychological evaluations and testing. Children who have been recommended for institutional placement will be targeted and will be the primary population. The Task Force will hire professional writers to draft guidelines with input and direction from the CRP. Information will be gathered from both public and private agencies on foster care and juvenile justice cases that contain good assessments for review. Attention will be given to

children's strengths and how to build on them with parent involvement. There will be advocacy for services that emphasize building on strengths versus ameliorating weaknesses. (See [Citizen Review Panels](#) for more information on the Task Force.)

Building Strong Families

Building Strong Families (BSF) is a family-focused, community-based educational intervention for parents and caregivers of young children, particularly those who are at risk for poor outcomes. The practical life-skills curriculum is taught by paraprofessional educators, who are often low-income and members of the participants' communities. Currently, MSU Extension offers BSF in 43 counties throughout Michigan. Strong Families/Safe Children funds many of the 43 county programs.

On a written evaluation, 99% of the participants found the BSF program to be “helpful” or “very helpful”. The same number of participants (99%) also indicated that they were “satisfied/very satisfied” with the program. The Building Strong Families program includes outcome evaluation. All parents who participate in the Building Strong Families program complete an evaluation that is designed to measure parental changes in the way they discipline, nurture, and encourage independence in their children, and in how they facilitate their cognitive, social, physical, and language development. Data collected in the 1998 to 1999 program year shows that 77% of parents completing the program show improved parenting practices. Specifically, parents used or improved behaviors and practices that greatly enhanced their children's development in the following areas:

- Cognitive - 52% showed improvement
- Social - 49% showed improvement
- Independence - 45% showed improvement
- Discipline - 39% showed improvement
- Language - 31% showed improvement
- Physical - 31% showed improvement
- Nurturing - 15% showed improvement

As a result of this program, these parents were more likely to: 1) respond to children in ways that are appropriate for their developmental stage; 2) provide a safer, more positive environment for their children; and 3) make positive personal changes in their lives.

State Assessment Of Strengths And Needs

1. What specific strengths of the agency's programs has the team identified?

- Child Welfare Institute Training that includes the same training for both FIA and private agencies. The improvement in the training is also a strength.
- The Binsfeld legislation.
- Michigan has a number of services and initiatives that allow flexibility and creativity in service delivery.
- Collaboration with and between community services, Multi-Purpose Collaborative Bodies, Putting It Together with Michigan Families-PIT Crew, etc.
- Continuing improvement in computer systems with the new data warehouse and Web intelligence.
- Quality Assurance from non-agency organizations, Office of the Children's Ombudsman, Division of Child Welfare Licensing and the Foster Care Review Boards.
- Foster parent recruitment is also a strength. Michigan received the State Agency of the Year Award from the National Foster Care Association for the collaborative efforts between FIA and the Michigan Foster and Adoption Parent Association.

2. What specific needs has the team identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the State.

Michigan has met all but two of the national standards for the outcomes, i.e., length of time to achieve reunification and stability of placements. Our percentage of adoptions achieved within 24 months has dropped drastically during the period under review; although we did meet the standard for all three years. Since the passage of ASFA and the Binsfeld legislation, which require mandatory termination petitions, the number of permanent wards, those children whose parents' rights have been terminated, has increase significantly in Michigan. There are a greater number of permanent wards and the number of adoptions is not keeping up with this increase. These are the three areas that we believe need to be examined during the onsite review portion of the Child and Family Services Review. We particularly want to review foster care cases that have a case goal of return home, maintain own home placement and adoption, to determine what may be affecting these outcomes.

Other issues include:

- Mental health and substance abuse services and housing in the state.
- Consistency with completion of SDM forms.
- Youth preparation for Independent Living.
- Health and education services to children.
- Multiple data systems at this time.
- Support services for kinship caregivers and more post adoption support services.

- Workers compliance with ICWA in notifying the Tribes and coding Native Americans within the information system.
- Staff turnover.

3. *Comment on the statewide assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.*

The team members felt that the process was constructive, the facilitator was open to criticism and changes to the document. It was also a learning process for even the most experienced team members. The self assessment document will provide an overview of the state agency outside of policy manuals. The input and presentations from representatives who were knowledgeable in specific areas allowed the team to make better decisions. Finally, the diverse composition of the team for input and sources of information resulted in a comprehensive document.

Site Selection

Which three locations, e.g., counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?

Michigan's Upper Peninsula and the northern portion of the Lower Peninsula are very rural. The caseload size does not support selection of any of these sites. An early retirement is being offered in Michigan for FY 2002. Staff have the option to retire between the months of July 2002 and November 2002. This will result in the loss of many line staff and supervisors in the field and may cause difficulty during the onsite review. When selecting the sites, the loss of staff was considered.

Wayne County is Michigan's largest metropolitan county in the state. The largest city in the County of Wayne is Detroit. According to Kids Count in Michigan Data Book 2001, "Half the state's children lived in five counties, according to the Census 2000. Two of five children in the state lived in one of the three most densely populated southeastern counties. Wayne County had by far the largest number of children (578,000) of any county in the state with almost a quarter (22%) of the total state child population. Oakland County's child population (301,000) constituted another 12% of the state child population, while the 190,000 children in Macomb County comprised 7% of the total."

Wayne County has the largest Native American population in the state; although there are no tribes located there. Forty-eight-point-one percent (48.1%) of the population is Caucasian and 46.9% is African American. Fifty-eight-point-eight percent (58.8%) of the children in the county are minority. Twenty-eight-point-five percent (28.5%) of the children, ages zero to 17, live in poverty. Wayne County ranks 80 out of the 83 counties in Michigan for economic security.

In April 2002, Wayne County had 1,270 open CPS cases and 8,756 children in foster care. See table below for CPS and foster care data.

Programs that are operational in Wayne County include:

- A centralized intake process for CPS referrals.
- The Family to Family initiative with the Annie E. Casey foundation.
- The Family Assignment System (FAS) is a formalized and systematic process for the designation of service responsibility to families with children in need of out-of-home care. There is immediate placement capability among Wayne County's child placing agencies. Twenty (20) private child placing agencies participate in the FAS system. The assignment of family foster care cases to participating agencies occurs on a rotation basis.
- The Case Assessment Committee (CAC) process and committees were established to get the most appropriate and timely placement of kids needing specialized foster care, residential/group home placements. The committee is comprised of specialized foster care agencies and residential care providers. If a placement is needed outside of general foster care, a referral is made and the case is presented at CAC by the direct foster care worker (private or FIA), or shelter provider. The person seeking placement asks for the child to be seen by the most appropriate committee and the group recommends a placement. The placement may or may not be one of the CAC member agencies.
- The Foster Care Permanency Initiative is also operational in six private agencies. It will be expanded to all private agencies in October 2002.
- Shelter Network - Five shelters with no reject/no eject policy.
- A large foster care Recruitment and Training Staff that just implemented FP Mentoring with Michigan Foster and Adoptive Parent Association (MFAPA).
- Supportive Visitation pilot.
- Three contractors provide Family Group Decision Making (FGDM) services - one serves only Native Americans.
- Four (4) private agencies contract with FIA to provide Teen Parent services.
- A variety of independent living preparation programs, along with several supervised independent living programs.
- The CASA program.
- The North Central District is involved in a collaborative with the 3rd Circuit Court and First Step domestic violence shelter. The Family Visitation Center provides supervised visitation/therapy around family visitation issues/a safe place to exchange children for parental visits in difficult child custody cases. There are two such centers in Wayne, one operates at North Central and the other in the western part of the county in a court satellite facility.
- Adoption Opportunity Grant, S.A.F.E. program to recruit and train foster and adoptive parents for minority children. This is a collaborative effort with FIA, private child placing agencies and the Michigan Foster and Adoptive Parent Association (MFAPA).
- There is an initiative to co-locate the Detroit Police Child Abuse Unit at Central Operations. This effort will allow Wayne County Child and Family Services to have better communication with the Child Abuse unit and have CPS staff on hand, to participate in decisions about the need for emergency police removals. It is believed that this collaboration would result in the need for fewer removals and/or more placements with relatives, if removals became necessary.

Jackson County presents as a strong candidate. The administrations of the county's social services as well as the court system have remained stable for some time. One-hundred percent (100%) of their foster care staff have more than 18 months experience. It is located in a semi-rural area. The total child population of Jackson County in 2000 was 40,000. This is about a quarter of the county's total population, which is 158,422. Eighty-nine-point-four percent (89.4%) of the population is Caucasian and 7.2% is African American. Jackson County is 17th in Michigan in the number of Native Americans in the population. Of the child population, 16% are minorities. In 2000, 6,939 were living in poverty (17.3%). Jackson ranks 35 out of the 83 counties in economic security.

In April 2002, Jackson County had 105 open CPS cases and 200 foster care cases. See tables below for data on CPS and foster care cases.

Jackson County is a Michigan's Families Alternative to Foster Care Pilot site. This program is a Title IV-E waiver project pilot for a managed care, flexible funding approach to foster care services. Additional initiatives include:

- Strengths Based/Solution Focused Initiative,
- Partnerships for Safety in CPS,
- Child Safety Assessment Development and Pilot Site,
- MFAPA Training for Foster Parents,
- Foster Home Recruitment programs,
- Florence Crittenton Services is a Teen Parent Program provider,
- JJOLT (Juvenile Justice Online Technology) test site,
- Juvenile Justice Reintegration of Juvenile Offenders back into the community.

In addition, Jackson County FIA adoption staff have consistently been above the state average in the number of adoption placements each year.

Saginaw County was also selected for several reasons. Unlike Jackson County, Saginaw County has seen a sharp growth in child welfare cases. The courts have exhibited stability over time and the social services system remains strong. Saginaw County is a good example of a semi-urban area in Michigan. Saginaw County will lose a number of their staff to early retirement; although it is not believed that this will have a big impact on the review process. There are a number of special programs and initiatives taking place in this county,

- Partnership (with Families) for Safety Part II – “Working with Parents and Equal and Inclusive Partners”,
- FIA - CPS Community Partnership for Family Stability and Child Safety,
- Family Reunification Contract Services,
- Quarterly External Customer Focus Groups in CPS and Foster Care,
- Family Team Meeting Concept in CPS,
- Two Prevention Pilot Projects, Non-Preponderance of Evidence/Family Independence Specialist and Non-preponderance of Evidence/Children's Protective Services. The families are from Category IV CPS investigations, a Risk Assessment is completed, which scores high. The family is then referred to a Prevention worker for services.
- Community Family Mediation (Dispute Resolution).
- The Saginaw County Youth Protection Council provides Teen Parent Services to youth.

Additionally, Saginaw County FIA adoption staff have continuously been among the highest performing counties in the number of children placed for adoption each year.

Saginaw County's child population in 2000 was 55,890. Sixty-six-point-two percent (66.2%) of the population is Caucasian and 23.4% is African American. Thirty-eight-point-four percent (38.4%) of the child population is minority. Saginaw County is 14th in the number of Native Americans in the population. Ten percent (10%) of the population is Hispanic. In the year 2000, 14,380 children were living in poverty, which is 24.6% of the child population. Saginaw County ranks 70 out of the 83 counties in Michigan on economic security.

In April 2002, there were 223 open CPS cases and 485 open foster care cases. See tables below for CPS and foster care data.

CPS Data for Selected Counties from September 1, 2001 to April 30, 2002¹

Jackson	1,294	1,189	270 (22%)	56 (4.7%) ²	89 (7.5%)	125 (10.5%)
Saginaw	1,375	1,247	303 (24%)	55 (4.4%)	122 (9.8%)	122 (9.8%)
Wayne	11,573	11,349	2,445 (22%)	970 (8.5%)	747 (6.6%)	798 (7%)
State Totals ³	46,057 (53.8%)	42,206	9,989 (23.6%)	2,7426 (6.5%)	3,513 (8.3%)	3,621 (8.6%)

Jackson	929 (78%)	651 (54.7%)	270 (22.7%)	47	213	290	133
Saginaw	944 (76%)	598 (48%)	347 (27.8%)	160	553	699	316
Wayne	8,804 (78%)	5,462 (48%)	3,375 (30%)	916	3,333	3,425	2,694
State Totals	32,211 (76.4%)	23,182 (55%)	9,126 (21.6%)	----- ⁴	-----	----- --	-----

¹ Data is from the CPS SWSS system.

² Percentages for Category I-V are based upon the number of cases investigated. See Safety Assessment for more information on Categories.

³ State Totals are for the period September 1, 2001 through March 30, 2002.

⁴ State Totals are not available.

Jackson	1,144 (96%)	1,126 (95%)	1,156 (97%)	307	78 (25.4%)	519	374 (72%)
Saginaw	1,178 (94.4%)	1,151 (92.3%)	1,242 (99.6%)	357	116 (32.5%)	701	528 (75.3%)
Wayne	8,452 (74.5%)	8,803 (77.6%)	7,620 (67%)	2,560	1,091 (42.6%)	5,042	3,223 (64%)
State Totals	35,341 (83.7%)	34,165 (81%)	31,613 (75%)	10,285	3,724 (36%)	18,194	12,813 (70.4%)

⁵ Percentage is based upon the number of cases that were closed that had court action. This does not mean that the children were removed from the home.

⁶ Of the total victims, the number of victims who were living at home at case closing.

Percentage Increase/Decrease in the number of Foster Care Cases Since 1997:

	Temporary Wards	Permanent Wards	Placement/1000
State Totals	+4.3%	+49.8%	+15.9%
Wayne	-9.6%	+37.2%	+3.7%
Jackson	+1.6%	+40%	+6.2%
Saginaw	+33.7%	+162.3%	+65.7%

Average Length of Time in Care by months, for Children who had one of the following Placements:

	Reunification	Relative	Adoptive
State Average	9.71	7.54	31.80
Wayne	11.34	8.18	37.09
Jackson	6.5	10.85	27.64
Saginaw	7.71	6.01	28.24

Percentage of Foster Children who have Experienced one or more Placements while in Out-of-Home Care:

	1	2	3	4	5+
State Average	40.6%	20.3%	14.0%	8.1%	17.1%
Wayne	40.1%	20.0%	15.2%	8.0%	16.7%
Jackson	38.3%	18.4%	13.5%	11.3%	18.4%
Saginaw	33.1%	27.5%	9.2%	7.2%	23.1%

Percentage of cases with the following case goal:

	Return Home	Adoption	Maintain Own Home
State Average	44%	22%	15%
Wayne	46%	21%	10%
Jackson	34%	28%	14%
Saginaw	35%	34%	14%

Self Assessment Team Members

Carol Kraklan, FIA Coordinator

Robert Geake, Children's Ombudsman, Office of Children's Ombudsman

Dona Abbott, Program Director, Bethany Christian Services, Representing the Michigan Federation of Private Child and Family Agencies

Dr. Kirk Bradford, Program Director, Lutheran Child and Family Services, Representing the Michigan Federation of Private Child and Family Agencies

Susan Ludec, Assistant Prosecuting Attorney Ingham County, Representing the Prosecuting Attorneys Association of Michigan

Linda Glover, Coordinator, Michigan Court Improvement Program, State Court Administrative Office

Bill Bartlam, Court Administrator, Oakland County Circuit Court, 6th Circuit

Judge Terry Maltby, Sanilac County Circuit Court

Mary Smyth, MD, F.A.A.P., Medical Director, Child Protection Team William Beaumont Hospital, Representing Physician's Advisory Committee

Terry Covington, Senior Program Director, Michigan Public Health Institute, Representing Child Death Review Team

Deb Dinco, President and CEO, Orchards Children's Services

Ernestine Moore, Wayne State University, Representing Governor's Task Force on Children's Justice

Sheryl Ivens, Family Services Director, Little River Band of Ottawa Indians, Representing Tribal State Partnership

Sue Toman, Kent County FIA, Representing Children's Trust Fund

Pat Sorenson, Vice President, Michigan's Children, Representing Children's Trust Fund

Pat Wagner, Program Manager, Court Appointed Special Advocate Program, Children's Charter

Sherrie Ross, Attorney and Foster Care Review Board Member

Rod Caskey, National Council on Crime and Delinquency

An adult who was formerly in foster care

Kathy Walker, Services Specialist, Wayne County FIA

Lynn Neavill, District Manager, Wayne County FIA

Sheryl Thompson, Services Program Manager, Genesee County

Mark DelMariani, County Director, Van Buren County

FIA Central Office Staff

Jim Nye, Outstate Operations

Steve Yager, Family Advocate

Carol Kraklan, Foster Care Policy

Lee Hunsberger, CPS Policy, Data

Laurie Johnson, CPS Policy and Data

Carolyn Snyder – Family Group Decision Making, Partnership for Safety

Paul Cloutier, Native American Affairs

Jean Hoffman, Adoption Program Office

Sarah Swan, Independent Living

Lynette Wright, Juvenile Justice

Dawn Campbell, Juvenile Justice

Sue Leahy, Child Welfare Training

Cindy Ahmad, Child Welfare Training

Deborah Hodge-Morgan, Community Supportive Services

Paul Spata, Community Supportive Services

Connie Norman, Foster Home Recruitment

Eugene Wilson, Foster Home Recruitment

Charles Foster, Zone Office

Lu DeLoach Assistant Coordinator